A Course of Lectures

ON CERTAIN DISORDERS OF

THE BRAIN & NERVOUS SYSTEM,

WITH SPECIAL REFERENCE TO THE

CHANGES IN OPINION AND PRACTICE WHICH RESULT FROM RECENT RESEARCHES IN PHYSIOLOGY AND PATHOLOGY,

Delivered at the Royal College of Physicians,

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LECTURES II. & III.

(2) ON THE ELECTRICAL PHENOMENA WHICH BELONG TO MUSCLE AND MOTOR NERVE IN THE STATE OF ACTION.

10. *The natural electricity which is present in living muscle during the state of inaction is almost or altogether absent in the state of action.*

In the fundamental experiment by which M. DuBois-Reymond establishes this very important truth, the gastrocnemius of a frog is included in the circuit of a galvanometer, and the nerve belonging to the muscle is placed across the poles of an induction coil, as is shown in the accompanying figure. The experiment itself is divided into three stages. In the first

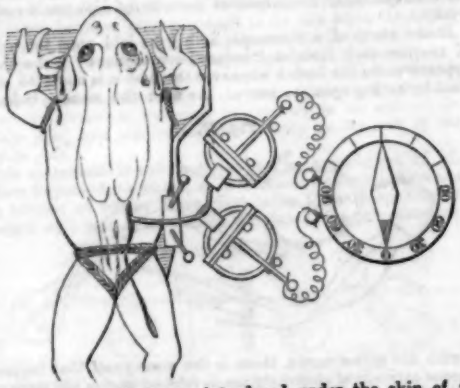
FIG. 11.

stage, the induction coil is not in action, and the circuit of the galvanometer is closed at *a* (where is a contrivance for closing and opening the same readily), and the result is that the needle moves to the right, and takes up a position—perhaps at 90. The needle, that is to say, moves in this manner, and takes up this position, under the action of the current proceeding from the *relaxed* gastrocnemius. In the second stage of the experiment, all things being as they were at the end of the first stage, the muscle is made to contract by putting the induction coil in action, and the result is that the needle immediately swings back and passes for a moment or two to the other side of zero—perhaps to 30′. It seems as if the current passing from the gastrocnemius into the coil were *reversed* when the muscle passes from the state of inaction into that of action. In the third stage of the experiment two things have to be done. The first thing is to shut off from the galvanometer the current proceeding from the muscle by breaking the circuit at *a*, and after this to wait until the needle has come to rest at zero. The next thing is to throw the muscle into a state of contraction by putting the induction coil in action, and then, without loss of time, to close the circuit of the galvanometer at *a*. What is done in this third stage of the experiment is to admit the current from the *contracting* gastrocnemius into the galvanometer when the needle is resting at zero: what happens in this stage is this—that the needle moves in the same direction as that in which it moved under the current proceeding from the relaxed muscle, but not to the same distance from zero—to 10 perhaps, instead of to 90. What happens at this time, indeed, goes to show, not that the current proceeding from the relaxed muscle is *reversed* during contraction, but that this current is simply weakened. In other words, it is found that the muscle loses a great share of its natural electricity when it passes from the state of inaction into that of action. I have often verified this and the companion experiments, and I find, in addition to what M. DuBois Reymond mentions, that the rate at which the needle moves backwards in the second stage of the experiment is *less rapid* than the rate at which it moves when left to fall back from the same point under the influence of simple oscillation—a plain proof, as I take it, that the action of a reversed current has nothing to do with the backward movement in question.

11. *The natural electricity which is present in living motor nerve during the state of inaction is almost or altogether absent in the state of action.*

In demonstrating this fact a portion of the sciatic nerve of a frog is arranged within the circuit of a galvanometer, as is seen in the accompanying figure; and after this a few drops of a

FIG. 12.

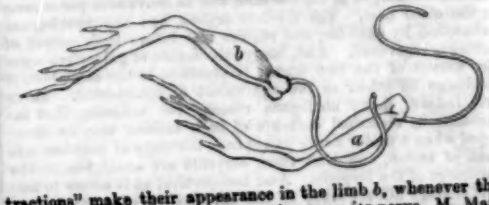


solution of strychnia are introduced under the skin of the animal. Before the poison takes effect, and while the nerve is in a state of inaction, the needle diverges under the influence of the current proceeding from the nerve, and takes up a position—say at 60; after the poison takes effect, and when the nerve is in a state of action, the needle returns towards zero—say to 5, or nearer still. The needle, in fact, returns towards zero with every bout of spasm. In other words, the natural electricity which is present in the nerve in a state of inaction is almost or altogether absent in the state of action. For this fact, as well as for the last, physiology is indebted to M. DuBois-Reymond.

12. *The state of action in a muscle is accompanied by the development of instantaneous currents of high tension electricity.*

If the nerve of a rheoscopic limb, *b*, be laid upon the muscles of another rheoscopic limb, *a*, as in the figure, "induced con-

FIG. 13.



tractions" make their appearance in the limb *b*, whenever the limb, *a*, is made to contract by acting upon its nerve. M. Matteucci discovered this fact in 1842; and M. Becquerel explained it at that time by supposing that the contractions of the limb, *a*, were accompanied by an electrical discharge, and that this discharge, acting upon the nerve of the limb *b*, gave rise to "induced contractions" in that limb. M. Matteucci has also a modification of this experiment, in which the same story is told with still greater distinctness. In this case, as is shown in the figure, the nerve of the rheoscopic limb *b* is connected

FIG. 14.

with the muscles of the limb *a* by means of two small pieces of lamp cotton, well moistened in salt water; and the result is, that "induced contractions" are still produced in the limb *b*, when the limb *a* is made to contract by acting upon its nerve. The case, indeed, is one in which the influence causing the "induced contractions" must traverse the moistened wicks of lamp-cotton, as electricity would traverse them, and as electricity alone could traverse them, and thus the modification of the original experiment is a strong additional reason for adopting Becquerel's opinion with respect to the cause of "induced contractions."

13. *The state of action in a motor nerve is accompanied by the development of instantaneous currents of high-tension electricity.*

If the nerve of a rheoscopic limb *b* be laid upon the *nerve* of another such limb, *a*, "induced contractions" make their appearance in the limb *b* whenever the limb *a* is made to contract by acting upon its nerve. As with the muscle, indeed,

Fig. 15.

so with the motor nerve, there is the same proof that instantaneous currents of electricity are developed during the state of action. This form of "induced contraction" was discovered by M. DuBois-Reymond.

14. *It is probable that the instantaneous currents of electricity which are developed when a motor nerve passes from a state of inaction into that of action are analogous to the discharges of a torpedo.*

As M. Matteucci points out, this probability rests on very sufficient grounds. For example:—The nerves of the electric organs, like the nerves of the muscles, arise from the anterior tract of the spinal cord, and terminate in loop-like plexuses. The electric organs, like the muscles, are paralysed by the division of their nerves; and after being thus paralysed both organs may be made to display their characteristic functions by acting upon the nerves below the line of division. The electric organs and the muscles are affected similarly by strychnia—at least so far as this, that the poison gives rise to electric discharges in the one case, and to convulsive paroxysms in the other case. The electric organs, like the muscles, are exhausted by exercise, and require rest before their power of acting is recovered. And, lastly, the action of galvanism upon the nerves of the two organs is obedient to the same law, if discharge be taken as the equivalent of contraction. There are, indeed, many analogous reasons for believing that instantaneous electrical currents of high tension may be developed when a motor nerve passes from the state of inaction into that of action, and that these currents are analogous to the discharge of the torpedo. And besides this, as it seems to me, this analogy affords a key to the explanation of what is very difficult to explain in any other way—namely, the cause of the discharge of the torpedo. For if the action of a nerve results in the development of instantaneous electrical currents of high tension, the discharge of this fish may be nothing more than one of the modes in which this development is manifested.

15. *It is possible that ordinary muscular contraction and rigor mortis may both be dependent upon the disappearance of the natural electricity which is present in living muscle during the state of inaction.*

Such a view, as it seems, arises naturally out of the premises; such a view, moreover, has this in its favour, that it reduces ordinary muscular contraction and rigor mortis to the operation of the same law, by making ordinary muscular contraction nothing more than the momentary passage of the muscle into the non-electrical state which obtains permanently in rigor mortis.

16. *It is possible that the instantaneous electrical currents of high tension which are developed when muscle or motor nerve passes out of the state of inaction into that of action may produce contraction by disturbing and deranging that molecular constitution of the muscle without which the natural electricity of the muscle cannot exist.*

If these instantaneous electrical currents be analogous to the discharge of the torpedo, it is easy to suppose that they may cause a *shock* in any muscular fibres which may happen to come within their range, and that this shock may suspend the natural electricity of these fibres by deranging and disturbing the molecular condition in which this electricity consists. In fact, it is easy to suppose that these currents may act within the body in the same way as that in which they act out of the body when they cause "induced contractions." (¶ 12 and ¶ 13.) And this supposition, moreover, is one which is supported by the fact, to which attention has been specially directed by MM. Masson, Nobili, and Matteucci, that a living muscle may be thrown into a state of rigor mortis (a state in which the muscle is permanently deprived of its natural electricity) by subjecting it for a few moments to the action of a Leyden battery or Ruhmkorff's coil—to the action, that is to say, of strong instantaneous currents of high tension.

17. *There is reason to believe that the disappearance of natural electricity when a living muscle passes from the state of inaction into that of action, and the contemporaneous development of instantaneous electrical currents of high tension, may stand to each other reciprocally in the relation of cause and effect, and that this correlation may furnish the means of harmonizing the apparent contradictions in the discoveries of MM. Matteucci and DuBois-Reymond with respect to the electrical phenomena of muscle during ordinary contraction.*

When statical electricity is discharged, the discharge produces a similar electrical commotion at a distance. Thus, a rheoscopic limb suspended by a silk thread at a distance of several feet from an electrical machine, will give evidence of such commotion by contracting whenever a spark is drawn from the conductor. Thus, again, induced currents of various kinds will induce a long series of similar currents at a distance from the first in order. Hence it may be supposed that the natural electricity which is present in muscle during the state of inaction cannot disappear—cannot be put in motion—without the development of collateral movements in the form of instantaneous currents or discharges of electricity; and, further, it may be supposed that these instantaneous currents or discharges may react upon the muscular fibres which happen to come within their range, and bring about that disappearance of natural electricity which is witnessed when muscle passes from the state of inaction into that of action. (¶ 16.)

II. ON THE PART WHICH ARTIFICIAL ELECTRICITY HAS TO PLAY IN THE PROCESS OF MUSCULAR MOTION.

18. *There is reason to believe that continuous electrical currents of low tension exercise a directly paralysing influence upon the part of a motor nerve which is included in the circuit.*

If, as is shown by Professor Eckhard, of Giessen, the nerve of a rheoscopic limb be included in a galvanic circuit, it is impossible to produce contractions in the muscles by acting upon that part of the nerve which lies *between* the poles. In other words, the part of the nerve along which the continuous galvanic current is passing is paralysed by the action of the current. It is also a fact that the spinal cord may be paralysed in like manner by the same means. If, for example, the spinal cord of a rabbit be included in the circuit of a voltaic battery, the part between the poles may be cut, pricked, torn, or even electrified, without giving rise either to pain or convulsion. And again: if a frog be poisoned with strychnia, it is possible to prevent the development of the characteristic spasms of the poisoning, or to suspend these symptoms after they have actually made their appearance, by subjecting the spinal cord of the animal to the action of a continuous galvanic current. Moreover, M. Matteucci (who discovered the two facts just mentioned) refers to the case of a man suffering from tetanus, in which the patient was able to open his mouth, to breathe freely, and to move his body and limbs without much difficulty, so long as a strong galvanic current was made to pass continuously along the spine from the occiput to the sacrum. In this case, as in the preceding cases, it is to be understood also that this paralysing influence of the continuous current is quite irrespective of the direction of the current.

19. *There is reason to believe that instantaneous currents of high tension are the only forms of artificial electricity which have the power of producing muscular contraction.*

Instantaneous currents of high tension, such as discharges of statical electricity and induced currents of various kinds, have an unmistakable power of producing muscular contraction; and there is reason to believe that the contractions which happen at the beginning or ending, one or both, of the galvanic current, are due to the fact that at these moments the galvanic current is traversed by instantaneous currents of high tension.

Thus: a stretched wire conductor is thrown into sonorous vibrations at the moment of closing or opening the galvanic circuit, just as it is by the passage of a current from an induction-coil, or by the discharge of a Leyden jar. Thus, again: an iron wire conductor experiences sudden changes in length and breadth at the moment of closing or opening the galvanic circuit, just as it does under the passage of induced currents or discharges of statical electricity. Moreover, the existence of the spark at the moment of closing or opening the same circuit may be supposed to tell the same story. Reflecting upon these facts, M. Chauveau, of Lyons, has come to the conclusion that electricity causes muscular contraction by the mechanical shock which attends the passage of instantaneous currents of high tension, and not by any polar, chemical, thermal, or other more recondite action belonging to the continuous current of low tension; and this conclusion, as it seems to me, has much to recommend it.

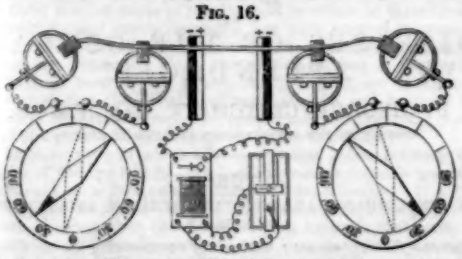
20. *There is reason to believe that a motor nerve or muscle cannot be thrown into a state of action by artificial electricity unless it retain a certain share of its natural electricity.*

This reason is to be found in the fact, that the natural electricity of muscle or nerve fails *pari passu* with the "irritability" of muscle or nerve. Of the fact itself there is no question.

21. *The natural electricity which is present in living motor nerve or muscle during the state of inaction is almost or altogether absent when the state of action is produced by means of artificial electricity.*

One of the proofs necessary to establish the truth of this proposition is furnished by M. DuBois-Reymond. In the experiment in which this is done, a long piece of sciatic nerve, just taken from a strong and lively frog, is arranged, as in Fig. 16, with each of the ends within the circuit of a galvanometer, and with the middle across the poles of an induction coil. Before the

FIG. 16.

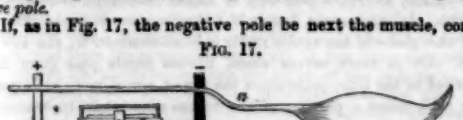


coil is put in action, the needles of the two galvanometers are seen to move under the action of the current which sets from the nerve on each side, and to take up a position —say at 45: after the coil is put in action, both needles are seen to fall towards zero—to 5, or even to a point still nearer to zero. In other words, the natural electricity which is present in the nerve during the state of inaction is found to become more or less latent when a state of action is produced by means of electricity. And as with the nerve, so with the muscle; for, as has been seen already (¶ 16), a muscle is deprived of its natural electricity, and hurried on from the state of ordinary contraction into that of rigor mortis, by being subjected for a few moments to the action of a Leyden battery or Ruhmkorff's coil.

22. *When a part of a motor nerve is included in a galvanic circuit, contraction may be produced by acting upon the part of the nerve which lies between the muscle and the nearest galvanic pole, if this pole be the negative pole, but not so if it be the positive pole.*

If, as in Fig. 17, the negative pole be next the muscle, con-

FIG. 17.



traction is produced by acting upon the nerve at *a*; if, on the other hand, as in Fig. 18, the positive pole be next the muscle,

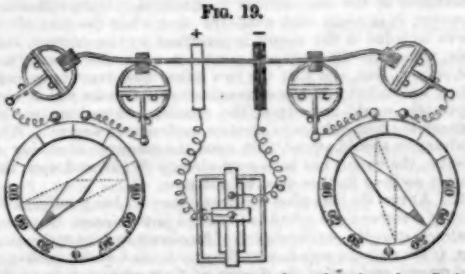
FIG. 18.

contraction is *not* produced by acting upon the nerve at *a*. Various agents are employed to act upon the nerve at *a*—the shocks of an induction coil among the rest; but the result is always the same. It would appear also that the influence of the negative pole is decidedly favourable to contraction, for a drop of salt water which is not strong enough to produce contraction without this influence, is strong enough to do so with this influence. In bringing out this fact, the muscle is thrown into a state of tetanus by dropping a drop of strong salt water upon the nerve (as at *a* in Fig. 17), and then this drop is diluted with water until it is no longer strong enough to keep up this state. Up to this time the galvanic circuit is open; after this time the circuit is closed. The final result is that the tetanus returns when the circuit is closed. In other words, the salt water which was not strong enough of itself to keep up the state of tetanus any longer, becomes strong enough to do this when its action is helped by that of the negative pole. M. Eckhard, of Giessen, is the discoverer of these very important facts.

23. *When a part of a motor nerve is included in a galvanic circuit, the natural electricity of the parts of the nerve which lie beyond the circuit is increased in intensity on the side of the positive pole, and diminished in intensity on the side of the negative pole.*

This statement is substantiated by an experiment of M. DuBois-Reymond, in which, as in the accompanying figure, a long portion of sciatic nerve, just taken from a large frog, is arranged with each of its ends in the circuit of a galvanometer,

FIG. 19.



and with its middle across the poles of a galvanic pair. Before the galvanic circuit is closed, the needle of each galvanometer diverges from zero under the action of the current proceeding from the nerve, and becomes stationary—say at 45: after the circuit is closed, the two needles immediately move in opposite directions, the one to the right of the figure falling towards zero, and taking up a position, say at 10, the one to the left receding further from zero, and becoming stationary, say at 80. In other words, the natural electricity of the nerve beyond the circuit is diminished in intensity on the side of the negative pole, and increased in intensity on the side of the positive pole. This state of diminution and augmentation is what is spoken of by M. DuBois-Reymond as the *electrotonic state*. The facts are indisputable, and, after what has been said, their explanation, as it seems to me, is neither impossible nor difficult. For what is the case? The case, in the first place, is this—that the natural electricity of the nerve is in a statical condition (¶ 6), and that the exterior of the nerve gives signs of positive electricity (¶ 1). The case, in the second place, is this—that positive electricity radiates in all directions from the positive galvanic pole, and that negative electricity proceeds in like manner from all sides of the negative pole. In the direction of the actual current, that is, in the line between the poles, the opposite electricities of the two poles meet and form the galvanic current; in other directions, free negative electricity radiates from the negative pole, and free positive electricity from the positive pole. And, therefore, what must happen under these circumstances along the nerve on each side beyond each pole is sufficiently obvious. Along the nerve beyond the positive pole the positive electricity of the exterior of the nerve will be increased in intensity by the addition of the positive electricity radiating from the positive pole, and the natural electricity of this part of the nerve will be augmented; for it is to be supposed that the addition of positive electricity to the coating of the nerve will *induce* a corresponding increase in the negative electricity of the core of the nerve (¶ 1). Along the nerve beyond the negative pole, on the other hand, the positive electricity of the exterior of the nerve will be weakened by the neutralizing influence of the negative electricity radiating from the negative pole, and, being thus weakened, the natural electricity of this part of the nerve will be diminished in intensity; for it is to be supposed that this weak-

ening of the positive electricity of the coating of the nerve will, by diminishing the induction between the coating and the core, diminish in a corresponding degree the negative electricity of the core of the nerve (¶ 1).

24. *In the case where a muscle may be made to contract by acting upon the part of the nerve which lies between the part included in the galvanic circuit and the muscle, the negative pole is next the muscle, and the natural electricity of the part of the nerve acted upon is diminished in intensity by the action of this pole; in the case where a muscle may* NOT *be made to contract by acting upon the part of the nerve which lies between the part included in the galvanic circuit and the muscle, the positive pole is next the muscle, and the natural electricity of the part of the nerve acted upon is increased in intensity by the action of this pole.*

All this follows as a necessary consequence of what has been said in the last two paragraphs.

25. Before *the time when the galvanic current has paralysed the part of a motor nerve which is included in the circuit, the muscle contracts with a moderate degree of force both at the closing and opening of the circuit, and the order of the contraction is the same whether the positive or the negative pole be nearest to the muscle.*

It has been seen (¶ 22) that the negative pole favours, and that the positive pole antagonizes, contraction; and hence it might be supposed that the disposition of these two poles with respect to the muscles would have a marked influence upon the production of the contractions in question. Upon reflection, however, it is plain that until the time when the part of the nerve included in the circuit is paralysed by the current, each pole, whichever its position, must act upon the muscle, and not only so, but also that the two poles must react upon each other, neutralizing in some measure the influence which each separately would have upon the muscle, and making in this manner the contractions in question moderate in degree. Why contraction should attend only upon the moments of closing or opening the circuit has been seen already (¶ 19), and upon this matter nothing further need be said now.

26. After *the time when a galvanic current has paralysed the part of a motor nerve which is included in the circuit, the muscle contracts strongly—at the closing of the circuit and not at the opening, if the negative pole be next the muscle, and at the opening of the circuit and not at the closing, if the positive pole be in this position.*

When the galvanic current has paralysed the part of a motor nerve which is included in the circuit, the opposite influences of the two poles begin to tell in the production or prevention of contraction; and the appreciation of the *modus operandi* of these opposite influences will readily explain what has now to to be explained.

27. *When, under the action of galvanism upon its nerve, a muscle contracts at the closing of the circuit, and not at the opening, the negative pole is next the muscle, and the natural electricity of the part of the nerve which intervenes between the circuit and the muscle is diminished in intensity by the action of this pole; and hence it follows that the presence of contraction at the closing of the circuit is coincident with the departure of electricity from the part of the nerve acted upon, and that the absence of contraction at the opening of the circuit is coincident with the absence of electricity in the same locality.*

It is quite consistent with what has gone before, that contraction should attend upon the *departure* of electricity from the part of the nerve acted upon (¶ 11). It is quite consistent with the premises, also, that a nerve should be incapable of acting so as to produce contraction when it is wanting in a sufficient share of natural electricity (¶ 20). And thus there is no difficulty in understanding why, under these circumstances, contraction should be present at the closing of the circuit, and absent at the opening.

28. *When, under the action of galvanism upon its nerve, a muscle contracts at the opening of the circuit and not at the closing, the positive pole is next the muscle, and the natural electricity of the part of the nerve which intervenes between the circuit and the muscle is increased in intensity by the action of this pole; and hence it follows that the absence of contraction at the closing of the circuit is coincident with the addition of electricity to the part of the nerve acted upon, and that the presence of contraction at the opening of the circuit is coincident with the subtraction of the electricity which had been added to the part of the nerve acted upon during the time the circuit remained closed.*

All this is also a necessary consequence of the premises. It has been seen that natural electricity becomes latent when a nerve passes into the state of action which produces contraction; and therefore it is to be expected that there will be no contraction at the closing of the circuit under these circumstances, seeing that at this time the part of the nerve acted upon is receiving instead of losing electricity. And this is all that need be said; for it is in accordance with all the premises that the loss of electricity in the nerve which takes place when the circuit is opened under these circumstances should result in contraction.

29. *When a motor nerve has been acted upon by galvanism until the part which lies between the circuit and the muscle has, under the action of the negative pole, lost its natural electricity and its susceptibility to impressions, the action of the positive pole will in great measure bring back what was lost; and as this loss and recovery may happen more than once, this fact will explain how it is that contractions may disappear and reappear as they are found to do in the case which is known under the name of "voltaic alternatives."*

The facts to which reference is here made are not to be questioned, and from the facts the inferences follow naturally.

30. *There is reason to believe that the differences in the order of contraction at the opening and closing of the galvanic circuit, of which mention has been made, and which have been ascribed to differences in the direction of the current along the nerve, that is, to the current being "direct" or centrifugal in the one case, and "inverse" or centripetal in the other case, are in reality to be ascribed to differences in the position of the poles, that is, to the negative pole being next the muscle in the former case, and to the positive pole being in this position in the latter case.*

All the last stages in the argument lead up to this conclusion, and to this conclusion only. At any rate, I fail altogether to perceive any alternative.

Lectures
ON
DISEASES OF THE OCULAR APPENDAGES.

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LECTURE IV.

ON SYNBLEPHARON AND ANCHYLOBLEPHARON, AND TUMOURS OF EYELIDS.

Various forms; causes; methods of ascertaining the condition of parts; treatment; reasons for the adoption of different plans. Tumours; two kinds.

Synblepharon and Anchyloblepharon are two conditions differing rather in degree than in kind. The former signifies a union, more or less complete, between one or both lids and the globe of the eye; the latter, a union between the two lids. Either of these conditions may exist separately, or the two may coexist, more or less completely. Great varieties are found in the degree and extent of these adhesions: I can only indicate a few of the principal forms. Sometimes the lids become glued to the eye when the lids are in their normal state of patency: the effects of this are, to fix the eye and prevent all kinds of movement, to arrest the secretion of tears, and to reduce the conjunctiva covering the exposed part of the eye to a cuticular condition, and thus seriously to impair and even destroy the sight. In other cases, bands of adhesion pass from the surface of the globe to the eyelid; this is most common in the lower lid. Or in more severe cases, fibrous bands pass from the cornea to the lids—sometimes the upper, sometimes the lower: in such cases a portion of the cornea may retain its transparency. Or these bands may extend widely between the globe and the eyelids. Or there may be adhesion, not only between the globe and the lids, but also between the lids themselves. Or in some rare cases the lids are found extensively united, whilst the globe is comparatively or even entirely unattached, and capable of moving freely beneath its palpebral enclosure. Sometimes the palpebral aperture is contracted.

The causes are similar in kind, though varying in degree. Whatever the cause may be, it must be of such a nature as to destroy the conjunctiva. So long as this is preserved, no adhesion can take place; but whenever any portion of it is

destroyed, there is always great risk of such adhesions forming. Purulent ophthalmia that has been treated by caustics; burns from metals, acids, and quicklime; wounds penetrating the eyelid and globe of the eye; abscesses, &c.—all these causes may give rise to the various forms of adhesion that I have endeavoured to describe. This circumstance suggests the importance of care in the early management of these accidents. Not only must all escharotics be carefully removed, and their chemical effects neutralized by proper reagents, but the surfaces must be rigidly watched, and kept asunder by the passage of probes, by the application of glycerine, and, in severe cases, by the insertion of a glass mask between the lids until one or both surfaces have healed.

The various inconveniences that result from these adhesions are—limitations in the movements of the eye; dragging and annoyance when the eye attempts to follow its companion; dryness of the eye; obscuration of the sight from fixing the lid down over the cornea; and lastly, deformities and contractions, to a greater or less extent, by which the eye is obscured, and the power of wearing an artificial eye is prevented.

In cases where the lid is fixed over the eye so as to conceal it, we may arrive at something like a correct estimate of the condition of the sight by observing whether there is perception of light through the closed lid; whether the eye moves beneath the lid; and whether it presents to the feel its natural contour and elasticity. The history of the accident also may serve as a further guide. Relief from this condition of things must be sought for through the medium of an operation, which may have for its object either to free the lid from a band of attachment to the eye, so as to expose this latter and restore its function, or to free the lid, so as to allow an artificial eye to be worn. Much difficulty and disappointment is often experienced in these cases from the strong tendency that exists in these divided parts to reunite, and to return to their former condition; and much ingenuity has been exerted to prevent this result. Much of the success of an operation must depend upon the extent to which the mucous surface is destroyed. Where all trace of this is lost, but little good can be effected. However free the division of parts may be, and however ingenious the artifices employed, contraction will gradually recur, and the parts will return to their former condition.

In those cases in which a band of union exists between the globe of the eye and lid, much of the success depends upon the existence of a free passage beneath the adhesion. If a fine probe can be passed beneath the band through the palpebral fossa, showing that the mucous lining exists in that part, an operation will usually succeed. All that is necessary is complete division of the bridle, and then a careful separation between the divided surfaces till both are healed. This is best accomplished by the use of a glass mask.

The object to be attained in all operative proceedings connected with these adhesions is, not merely to free the membranous bands, but to prevent their reunion and the subsequent contraction of the cicatrix; and this is particularly desirable in cases where the space within the palpebræ is very limited, and unfit for the reception of an artificial eye. Various suggestions of an ingenious character to effect this object have been made, each of which may occasionally be found applicable in particular cases. Thus, if the bands are loose, they may be divided, and then the edges of each divided surface may be carefully brought together with fine sutures. This can only be done where the bands are rather narrow and loose, and if union occurs between the parts brought together by the sutures the result is satisfactory. Where the bands are more extensive, it has been suggested to create a sort of permanent tunnel by passing a silk or wire along the track of the original palpebral fossa, and when discharge has ceased to divide the bands down to it, and keep them apart. Or again, it has been suggested to dissect the bands freely from the globe of the eye, so as to reflect them freely down into the palpebral fossa, and then to attach it at that point by sutures brought through the cheek. Mr. Teale, jun., of Leeds, has suggested an ingenious plan of treatment, founded upon the same principle as plastic operations in other parts. After separating the adhesions, he raises a portion of the conjunctiva from the surface of the eye, leaving it attached by a narrow neck. This portion he accurately adapts by means of fine sutures to the divided surfaces where the adhesions previously existed. He has described and figured, in a pamphlet that he published on this subject, some interesting and successful cases illustrative of this method. In cases where the conjunctiva is destroyed and there are no loose bands, and there is an intimate union between the lids and the globe of the eye, the only means of relief consists in freely separating the one from the other, and then keeping them apart. But in such cases the result is not satisfactory: the tendency to heal and contract eventually overcomes every counteracting effort.

In every case in which any of these different forms of operation have been performed, the separation of the divided parts may be still further ensured by the insertion of an artificial eye or a glass mask between the eyelids and the globe. This may be employed in three different ways: first, to keep the parts moist in a case of dry cuticular cornea; second, to keep the surfaces apart during the healing of the divided tissues, with a view to its removal when this is accomplished, as in the case where a useful eye is hidden by an adherent lid; and third, to be employed permanently as an artificial eye, not only to prevent the parts from reuniting, but also to obviate deformity and imitate the natural appearance. These masks may be made of various sizes, to suit the peculiarities of different cases. It is also convenient to have an opening in the centre, to admit the escape of discharge. When they are employed there is often considerable irritation at first, and they require to be removed from time to time, to cleanse the parts. In those cases in which the lids are glued together, or the adhesions are extensive, the operation must necessarily be tentative and experimental, and we must be regulated as we go on by circumstances. It is better to put the patient under chloroform, to pass probes or directors wherever they can be insinuated previous to dividing the tissues, and to use scissors as much as possible, rather than a knife.

Tumours of the lid are of two kinds: 1st, tarsal tumours; 2nd, molluscum or glandiform tumours.

Tarsal tumours are very common; may be found in either the upper or lower eyelid; either as a single tumour or in groups of two or three; in the eyelids of one or both eyes; and in various conditions—such conditions depending either upon various stages of the same tumour, or upon some modification in the nature of the tumour itself. It is closely implicated with the tarsal cartilage, about the centre of which it is usually found; more rarely at the ciliary edge; and it is placed between the cartilage and the external coverings. It may disappear at an early stage; but, if left to itself, it more commonly passes through something like the following stages:—For the first two or three months it resembles a small hard pea, firmly attached to the tarsal cartilage, over which the skin is movable. On everting the lid, it will be found unduly vascular at the point. At a subsequent stage the tumour gradually enlarges, its walls become less firm and dense, and the cartilage may be observed to be bluish and thin at one point. At this stage it possesses a distinct cavity, and is chiefly filled with loose fibrinous material, which is readily scooped out. If it becomes large rather rapidly, it is partly, and sometimes almost entirely, filled with serum, and the cartilage gets very thin. In a few cases it suppurates. In the last stage, if left to itself, the thin cartilaginous covering gives way, and a mass of fibrinous matter protrudes through the opening, though still adhering to the interior of the tumour. This condition I have repeatedly seen in the upper lid, but rarely in the lower. Tumours of this kind are often found in different stages in the same eyelid or in the eyelids of the same individual; occasionally two are in juxtaposition, or may assume a long narrow shape. I think they are more common in females than males, and in persons of feeble power and with irritable mucous membranes. They probably originate in the Meibomian follicles, and result from obstruction in these parts. They occasionally attain considerable size—as large as a nut; they cause deformity, and may keep up irritation in their vicinity. Therefore we are constantly consulted about them. In the early stage, when they are small and hard, and when no thin spot can be discovered on the inner surface of the lid, it is better not to attempt any operation, but merely to endeavour to disperse them by rubbing in a mild mercurial ointment, and by bathing with saturnine lotion. Sometimes at this stage they will disperse; but more frequently they go on to the second stage. The lid must then be everted, and a fine sharp-pointed knife inserted just at the spot where the cartilage looks blue and thin. The opening may be carried to the extent of the floor of the tumour, and may be made crucial. A little serum first escapes and then soft fibrinous matter pushes through, although it still retains its attachment to the parts within. With the spoon of a small director the contents may then be broken up and scooped out. It then fills with blood, and seems as large as ever; but it feels soft, and it gradually diminishes. It should be seen again at short intervals, and a probe passed into it, so as to prevent the wound from healing before the cavity has closed. Some apply caustic; but this is, in most cases, a needless and painful proceeding. It sometimes happens that con-

siderable induration and swelling continues, and the patients are dissatisfied; but this results from the bag that remains, and will usually subside gradually, or, at any rate, will not increase as before. This has led some to recommend and to attempt the removal of these tumours from the outside; but it is an injudicious proceeding. The tumour either eludes such an effort, or an opening may be made quite through the lid. When the tumour has gone on to its last stage, and the thinned cartilage has given way, and a fibrinous mass is protruding, the operation is less satisfactory. The projecting part may be cut off, and then an attempt must be made to open the cavity; but it will be found once more dense and hard, and filled up with dense material. The operation is sometimes not so easy to perform when the tumour is in the lower lid, on account of the greater difficulty in keeping this lid everted, the want of resistance, and the tendency to elude and escape from the point of the knife. Under these circumstances, I sometimes transfix the cartilaginous wall of the tumour with a fine needle, so as to hold it while penetrating it, and while scooping out the contents. The same difficulty is sometimes experienced in the upper lid when the tumour is situated quite at the outer angle and rather high up; it can scarcely be reached, and slips away when an attempt is made to puncture it. I have sometimes succeeded with this in the same way by transfixing it.

The molluscum or glandiform tumour occurs most frequently in children. There may be a single tumour, or there may be several. When they attain a certain size, the thin skin over them inflames and ulcerates, and allows them to escape. If seen before this, they may be readily removed by transfixing them, and squeezing them out with the thumb-nails.

ON A

CASE OF RUPTURE OF THE UTERUS.

BY ALFRED HAVILAND, ESQ., M.R.C.S.,
SURGEON TO THE BRIDGWATER INFIRMARY.

ON the evening of the 5th of July, 1861, I was hastily summoned by an old practitioner to assist him in the delivery of a woman whose case presented some alarming symptoms. On my arrival, at about half-past eleven P.M., I found a tall, well-formed woman lying on her left side, flooding, vomiting, fainting, almost pulseless, with cold perspiration standing all over her face, and complaining of a fixed pain right across the umbilical region. Without delaying a moment to learn the history of the case, I passed my hand into the vagina, but could find no presentation at the os uteri, which was dilated sufficiently to admit my forefinger. After a little gentle perseverance, I got my hand into the womb, and was surprised to find it empty. On careful exploration, however, my fingers came in contact with the promontory of the sacrum. This revealed in a moment the nature of the case. I then separated as widely as possible my first and second fingers, and distinctly felt the edges of the laceration in the womb. Being now satisfied that the fœtus had escaped through the opening into the peritoneal cavity, I carefully proceeded upwards and backwards, and, for the first time in my life, felt the human kidneys *in puris naturalibus*, warm and alive. The intestines surrounded my hand, and produced a most sickening sensation. On turning my hand forwards I immediately recognised the *unbroken* fœtal sac, which, with its contents, seemed to float in the intestines, just under the stomach. So mobile, indeed, was this globular mass that I could easily move it round with my forefinger, and thus obtain any presentation I liked without difficulty. After rupturing the membranes, I seized the feet, which I found were small and disproportioned to what appeared a very bulky head. Having carefully brought the whole through the fissure, which extended obliquely through the posterior part of the uterus from the cervix to the fundus, I succeeded with little difficulty in getting the legs and shoulders into the world; but at this point an arrest of the child's progress took place, which revived my first impressions about the size of the head. However, by dint of patience and perseverance for half an hour, and strong pressure with my fingers on the skull, I managed so to modify its form as to enable it to pass through the straits; the placenta immediately followed, without hæmorrhage. I then replaced my hand in the womb, assured myself that there were no folds of intestine in the fissure, gradually withdrew it, and found the uterus contract around it as it receded. Immediately afterwards I gave the patient a dose of ergot in brandy, and ordered it to be repeated at short intervals, in small doses, so as to ensure a permanent contraction. I need scarcely say that during the whole of the delivery I made the attendants give her raw brandy constantly, a teaspoonful at a time—a much more efficacious mode of administration than larger quantities at longer intervals.

After delivery the woman seemed perfectly relieved; her pulse rallied, and the warmth of her skin returned, although the pain across her abdomen continued, and she occasionally vomited a dark-coloured fluid. Before leaving I prescribed a full dose of opium, after which she fell asleep. The child was a male, and, as well as I could judge from the misshapen mass the head presented after delivery, its circumference in utero could not have been less than eighteen inches.

As the patient lived several miles from Bridgwater, I was unable to watch the case; but on the Sunday following I visited her, and found her going on as favourably as possible under the circumstances. She had passed her urine freely ever since her delivery; she had suffered but little from after-pains; the pulse was regular, firm, but compressible, and 78; a warm moisture softened her skin. She, however, still complained of the abdominal pain, although its acuteness had subsided into an aching. I ordered her a dose of castor oil, which had the effect of relieving the bowels satisfactorily, as well as of stopping the sickness and nausea. I ultimately left her with some hope that her life might be spared; but a slight febrile attack supervened on the Tuesday following, for which, as I learned from her medical attendant, salines were substituted for beef-tea, brandy, and opium. She died on Wednesday, July 10th, six days after the rupture.

Previous history.—For this I have but scanty materials, although I made every effort to get as many as possible.

Emma K—— was a small farmer's wife, living in great poverty, and working very hard. She was well-formed, aged thirty-six, and at the time of her confinement had eight children under fourteen years of age. As a general rule, her previous labours had been easy. It appears that about the beginning of the ninth month of her pregnancy she experienced some slight flooding, which passed off in a few days and did not reappear until the day before her delivery, when flooding again alarmed both the patient and those around her. It was, however, the only sign of labour present, and it continued more or less, without labour pains, for the succeeding twenty-four hours—in fact, until seven o'clock of the 5th, when, as she was standing by her bedside, a violent pain suddenly seized her. She shrieked out, said "something had given way in her inside," became deadly pale, and complained of an excruciating pain across her bowels. Neither before nor after this solitary pain was there a single expulsory effort. She was assisted into bed, and at ten o'clock I was sent for.

Remarks.—Occurring as the rupture did in a womb that had borne and expelled eight fully grown children well and naturally through a well-formed pelvis, we are led rather to look to the condition of the fœtus before we attempt to explain this sudden accident, although statistics prove that pluriparæ are more liable to this formidable complication than women with their first or second child.

The fœtus had *hydrocephalus*, a condition of the head which exposes the mother to the greatest risk of laceration. Dr. Thomas Keith has collected seventy-four cases of congenital hydrocephalus, in sixteen of which the womb was ruptured, or in more than 20 per cent. of the births. In these cases the pressure of the child's head may atrophy that portion of the womb which intervenes between it and the part of the pelvis—say the promontory of the sacrum—on which during gestation it has rested, and thus render it incapable of resisting the pressure caused, as in this case, by even one labour pain. That the size of the child's head has a most pernicious influence in predisposing the womb to rupture cannot be doubted; for even in cases where no hydrocephalus is present the larger size of the healthy male fœtus seems to be a fruitful source of uterine rupture. Collins has reported that in 34 cases of rupture 23 were *male* births and 11 female; and Dr. M'Keever shows even a greater disproportion—for instance, in 20 cases 15 were male births.

With regard to the hæmorrhage which took place at the beginning of the ninth month, as well as that which was observed just before the rupture took place, it must have arisen from a partial detachment of the placenta; but whether there was a placental presentation it is difficult to decide, although the probability is great, inasmuch as the placenta was the most dependent part of the sac's contents, the head being to the left

and behind, whilst the legs were to the right and above; I speak as if the woman were in the erect posture.

Fortunately this accident is rare. Lehmann* remarks that at the Gebäranstalt at Amsterdam rupture of the uterus occurred only *three* times in *seven thousand* deliveries. Dr. Ramsbotham, in his fourth edition of "Obstetric Medicine and Surgery," gives the statistics of the eastern district of the Royal Maternity Charity, which show that from 1820 to 1827 inclusive there were 19,439 deliveries, in which rupture of the uterus and vagina occurred only *five* times, or 1 in 3887·8; and again, from 1828 to 1850 inclusive there were 48,996 deliveries, in *eight* only of which was the womb ruptured, or 1 in 6124·1.

Bridgwater, Feb. 1863.

ON SILVER-WIRE LIGATURES.

BY REDFERN DAVIES, ESQ., M.R.C.S.

IN the summer of 1858, being desirous of healing a vesico-vaginal fistula of very large size, I carried out exactly the operative measures recommended by Dr. Marion Sims; but, whether from the size of the fistula, from defect in applying his silver clamps and wires, or from some bungling in the operation, I failed completely, although I was at the same time perfectly satisfied with the behaviour both of the clamps and wires.

Three years ago, having to treat a bad case of elephantiasis of the leg, I followed the means of cure first, I believe, both proposed and carried out by Dr. Carnocan. His plan of treatment consisted in cutting off the main arterial supply of blood to the limb by tying the femoral artery at the apex of Scarpa's triangle. But deeming that I should effect the same result by tying the popliteal artery, and, by reason of its being further removed from the trunk of the body, obviate some of the dangers attendant upon ligaturing the femoral, I tied the popliteal artery, using a silver wire for a ligature. This came away on the twenty-first day, and the result of the operation was an almost complete diminution of the size of the limb to its natural dimensions. I would draw particular attention to this case, because it has been considered, especially in America, that though silver wire *may be* useful in tying arteries after amputations, it is not suitable for application to vessels in their continuity.

The best, most concise, and accurate description with which I am acquainted of the effects produced upon an artery by its ligation is in Mr. Guthrie's "Commentaries on the Surgery of the War." He says: "When a small and round ligature is properly applied to an artery of large size, such as the femoral, the sides of the vessel are brought together in a plaited, folded, or wrinkled manner; the ancient middle and inner coats of the artery, including the modern four, are divided, while the outer one remains entire and apparently unhurt. If the ligature be removed, an impression or indentation made by it on the artery will remain as a mark; and if the artery be slit open in a careful manner the division of the inner coats will be obvious." And again he says: "The inner and middle coats, formed by four distinct layers or structures, are not only divided, but, the inner ones particularly, seem to be curled inwards on themselves, so that the cut edge of one side, or half, is not applied to its fellow in the usual way of two surfaces, but, by curling inwards, meets its opponent on every point of a circle, and in this way forms a barrier inside that of the external coat, which is tied around it by the ligature; so that, in fact, when a small ligature is firmly tied, its direct pressure is not applied to the inner coats, which have been divided and curled away from it, but to the two layers of the outer coat, which are, in consequence of that pressure, made to ulcerate or slough. The cut edges of the four inner layers, being from this provision of nature perfectly free, are capable of taking on the process of inflammation, which stops at the adhesive stage. This they do by the effusion of lymph or fibrin, both within and without, to a greater or less extent as the case may require."

I have frequently tested the truthfulness of this description by examining arteries after they have been tied with silk, both upon the dead and the living subject, and have occasionally had opportunities of doing so after a ligation has been made with a silver wire. The result of my observations has been, that their effects were identical, and that they corresponded with Guthrie's account.

On October 24th, 1862, a patient of Dr. Porter, upon whom I had tied the arteries with silver wire after an amputation of the leg four days previously, died. Within the posterior tibial artery—the only artery I was enabled to examine—I found that for half an inch above the site of ligation, the blood was firmly coagulated, that the internal and middle coats of the artery were uniformly cut through, and that there was as completely organized a structure as could be expected in so short a time between and around them.

Allowing, then, that a ligature of silver wire acts as well as does one of silk, is any advantage to be ascribed to it? or is it a mere change of the material constituting the ligature? I believe that there is a material advantage in a silver wire ligature over the usual silken one; and that this advantage consists in the capability of silver wire to remain in tissues nearly if not quite innocuous. Thus, while the artery is undergoing the process of obliteration, a silver-wire ligature does not of itself constitute a focus for purulent secretion, permeating tissues which we are endeavouring to unite by immediate adhesion, and these tissues, temporarily weakened by its supply of blood, being diminished.

Of the harmlessness of silver wire in living tissue I have long been convinced. In a girl upon whom I operated for staphyloraphy nearly four years ago a silver wire still remains; it is the lowest one of three sutures that I inserted. At the time of the removal of the other two, not being satisfied with the union of the soft palate, I permitted it to remain, and was not allowed afterwards to remove it, as it occasioned no inconvenience.

About two years ago I operated on a case of vesico-vaginal fistula by simply uniting the avivified edges of the fistula with silver-wire sutures. On the tenth day of their insertion I intended to remove them, but, from an accident, was unable to do so for three months, when I found the case perfectly cured.

Elsewhere I have recorded and illustrated by a woodcut of the parts implicated a case in which I had attempted a radical cure of hernia upon a woman. I had operated by the method described in Druitt's Surgery, as one of my *procédés*. The patient, on the eighth day after operation, died from the consequences of intussusception of the bowel on the opposite side to the one I had operated upon. The parts implicated in the operative procedure demonstrated well the perfect immunity from inflammatory process with which the silver wire had perforated the peritoneum even in three places. In a case which I published last year in THE LANCET, I say: "A patient, aged seventeen years, was admitted into the Birmingham Workhouse Infirmary on the 18th of December, 1858. He was the subject of varicocele on the left side, which had existed for three years, and to so great an extent as to prevent him from following his employment. Being desirous of radically curing him, I adopted the method of M. Ricord, which I had seen him perform with success; but instead of using the silken ligature which he used, I tried to do the same thing with silver wire—namely, between the vas deferens and the veins. I passed by means of a needle, a double wire, and by the same apertures in the opposite direction, anterior to all the veins, another wire. By engaging one free end through the loop of the other one on both sides, the veins were, by traction on the wire, compressed. This traction was kept up continuously by means of an elastic watch spring, bent in the shape of a horse-shoe. In ten days' time, thinking the varicocele cured, and wishing to remove the wire, I tried to do so, and found I could not, though it was easy enough with silken ligatures. I therefore cut off the wires as short as I could, trusting to the innocuity of silver wires to cause no harm. In another week the punctures were well healed, and the patient was discharged, the varicocele then appearing perfectly cured. Seeing him again in about a year's time, I found upon examination, that all things remained as when he left, and he stated that he had resumed his work immediately upon leaving. He himself was totally unaware of there being any wires in his scrotum."

But as a wire of silver is a foreign body to the tissues, it should, therefore, be treated as such, removed in general, and left alone when its removal is undesirable in any particular case.

In conclusion I would say, that when left temporarily in the soft parts, as a ligature, I have observed that it creates a surprisingly *small amount* of irritation in them, and am very glad that the same fact has been similarly noticed and spoken of to me by those who have had the fullest opportunities of noticing the effects produced by silver-wire ligatures in cases of amputation under their care.

Birmingham, 1863.

* New Sydenham Society's Year-book for 1859, p. 345.

REPORT OF A

CASE OF CYANOSIS; OPENING IN THE SEPTUM VENTRICULORUM;

SUPPOSED RHEUMATIC ENDOCARDITIS DURING FŒTAL LIFE.

By JAMES H. STEDMAN, Esq.,

LATE RESIDENT SURGEON TO THE INFIRMARY FOR CHILDREN, WATERLOO ROAD.

SOME two years since, a new-born female child was brought to me at the Infirmary for Children in the Waterloo-road, suffering with cyanosis, accompanied with marked dyspnœa. The child was very blue, cried much, and seemed relieved by being laid on the face or right side. A slight murmur, of no definite character, and much masked by bronchial râles, was heard by applying the ear over the præcordial region. I explained to the parents that most probably some congenital malformation of the heart existed, for which no relief could be afforded it. From this date I saw nothing of the patient for nearly two years, when she was again brought to me, quite as blue as in the first instance, but with the dyspnœa much increased. So general, posteriorly and anteriorly, were the moist pulmonary sounds, that no one sound from the heart could be isolated and analysed. The child had the appearance of one ill nourished; the fontanelle was widely open; the extremities of the long bones enlarged, and the physiognomy that of a patient suffering with rachitis. I was told that it could not bear the slightest movement, and preferred one of the positions above mentioned, selecting generally the prone one. In intelligence it was rather in advance of its years, quickly recognising members of its family and understanding them when addressed. I continued to visit this patient occasionally, and on Sunday, May 4th, 1862, I was called hastily to see it, and found that, having had some catarrhal symptoms for the last two days, it had rapidly grown worse, and was now in convulsions, with the left side paralysed. Death took place on the 6th.

Autopsy.—The body generally very thin and very blue; the nails and lips darkly so. The blood appeared darker than usual. The lungs were highly engorged, and the bronchial tubes full of frothy secretion—a fact to which I shall refer as I proceed. The heart, of course, was the great centre of interest, nor did it disappoint us; for on opening it we discovered warty vegetations on the semilunar valves at the base of the pulmonary artery, the orifice of that vessel being very much contracted, though patent to a certain extent. The septum ventriculorum, at its upper part or base, was deficient to about a fifth of its depth, this free border or base being concave in its long diameter, and rounded and smooth in a transverse direction—that is, passing from ventricle to ventricle.

Dr. Wilks kindly lent me the aid of his great pathological experience, and surmised that perhaps the endocardial mischief might have had its origin in rheumatism while the subject was yet in an early fœtal state, giving rise to the vegetations on the valves in question, and constricting the orifice of the artery. Its patency being thus diminished, the blood had to find another route, and, at each contraction of the right ventricle, it did this by passing into the aorta, chiefly over the yet plastic septum ventriculorum (the perfect development of which it prevented) instead of *via* the ductus arteriosus, which was fully obliterated; and so, when the tissues had lost their plasticity, and the organ had assumed a permanent character, the gap in the septum remained.

This theory of probable origin was to a certain extent strengthened by the fact that the mother, whilst pregnant with this child, had rheumatic fever. The anatomical lesion here existing reduced the type of heart to that of reptiles, and more particularly to that of the crocodiles, which have a partial septum within their one ventricle, whereby the venous and arterial blood is for a time kept separate. The blood circulating within the vessels of these animals is mixed, as their single ventricle receives and propels both kinds of fluid. So it was with this patient, who could be said to have but a single ventricle, the more exactly so as the contraction of the cavities is synchronous. And as in the case of the amphibious animals above referred to, the larger share of the mixed contents of the ventricles finds its way into the aorta, so in this instance did it, to the great impairment of nutrition generally. The positional element of the case may in some measure be explained by the relief the left ventricle would receive by the gravitation of the blood towards and into the right ventricle, which is less particular in the matter of emptying itself than the left cavity; for as the partially occluded pulmonary artery would not readily permit the transit of fluid, to which a *vis a tergo* was applied by the contracting right ventricle, some of the blood was driven through the gap in the septum into the left ventricle or into the aorta; in this latter instance displacing what should there have been from the left side of the heart, which would thus have a residue, were not the patient to turn on the right side, or, better, the face—i. e., the hands and knees, by which means the left side of the organ is brought into the highest possible position, and the right the lowest. The entire evacuation of the left ventricle is necessary to the continuance of the function of the organ, as is intimated in aortic constrictive disease, where the ventricle becomes strengthened in order that it may more fully get rid of its contents; but to the right side this is a matter of secondary importance. Hence the assumption by the patient of that position which will give him greatest comfort, and prevent that suffocative agony, that angina pectoris, which is the offspring of an overloaded left ventricle. In this case the structural defect had existed in conjunction with natural life two years, and it might probably have continued much longer had not catarrh increased the pulmonary congestion, which had existed throughout. The result of this was to disturb the slender balance existing between the heart and lungs, to impede still further the action of the former, to usher in death, with convulsions and paralysis.

Upavon, Wilts, February, 1863.

ON A CASE

OF

TRAUMATIC ANEURISM OF THE FEMORAL ARTERY AT POUPART'S LIGAMENT;

LIGATURE OF EXTERNAL ILIAC; SUCCESSFUL RESULT.

By M. BROKE GALLWEY, Esq., M.R.C.S.,

STAFF SURGEON-MAJOR, LATE ROYAL ARTILLERY.

GUNNER W. G——, Royal Artillery, aged thirty, a young man of unusually healthy aspect and strong proportions. Had served ten years in the service; one of these only abroad, and that in the Crimea. No hereditary unhealthy tendencies. Had had syphilis once. Habits temperate. Trade, a groom.

While serving with his battery at Dover, in Nov. 1861, he received a violent blow in the right groin from the small end of a handspike, while setting up a 32-pounder gun. He suffered great pain at the moment, and in the course of a few hours some swelling of the part supervened. The pain was only of two or three hours' duration. He was admitted to the hospital, but returned to his duty in a week, and continued at it without interruption. A couple of months later he began to suffer stiffness and uneasiness in the knee of the same side, and about the same time shooting pains in the groin. The swelling meanwhile did not exceed in size that of a walnut. In the October following (1862)—having in the interim proceeded to Jersey—he was in the act of dismounting a gun, when his foot slipped, and the subject of these remarks came down upon his knee, with an immediate sensation as of a knife being plunged into his right groin. The original swelling underwent an immediate and considerable increase, and now pulsation in the part was superadded. The patient was invalided to Woolwich in December, when for the first time he fell under my care.

On admission into the General Hospital at this station, W. G—— was found to be the subject of a diffused and unyielding swelling, of the height and diameter of a split cricket-ball. Its surface was smooth, and the directions it observed were those of Scarpa's triangle below and of the line of Poupart's ligament above, encroaching somewhat upon the domain of the iliac fossa. No amount of pressure upon it produced any sensible diminution of its size; a crackling sensation, as from the presence of air, was imparted to the finger when pressed upon the line of the external iliac artery, immediately above the tumour. No murmur was audible in the latter. All the arteries of the limb below the aneurismal tumour were defined with difficulty, but then those of the opposite limb by no means pulsated strongly. The heaving in the tumour itself was of the sledge-hammer character.

Compression above the aneurism being inadmissible, I attempted to influence its size and course by directing this treatment to the surface of the tumour itself. This the patient bore very well, and persevered in, for ten days, with the promising results of a marked diminution in the prominence of the swelling, as also of the pain and numbness in the local lesion and in the knee of the same side, from the persistent presence of which he had restless nights and little comfort by day. This diminution, however, in the height of the tumour was acquired at the expense of its general area, which had perceptibly gained upon the iliac fossa; and the summit of the aneurism had become red and threatening-looking. Further delay appearing inadmissible, deligation of the iliac artery was determined on.

In considering the question of locality for this operation, the antecedent history of the lesion became matter of interest and of practical moment. That history pointed so unmistakably to a traumatic origin, that I considered I should be justified in ligaturing the *external* iliac, unless encountering something unusual in the physical characters of that vessel, in which expectation I was strengthened by the apparently healthy condition of the arterial system. It was suggested to me by a friend, who, however, had not seen the case, whether it might not be good practice to ligature the artery immediately above and below the tumour, *secundum* Mr. Syme. From the extent to which the tumour encroached upon the iliac fossa, I suspected I should find some disturbance in the anatomical relations of the parts involved in the operation,—the aneurism occupying the site of what should be the line of incision,—and to some slight extent I was not out in this calculation. The superficial bleeding, although very slight, had so far obscured the direction of the muscular fibres which I encountered in my incision, that after opening the tendon of the external oblique, and searching with my forefinger for the lower border of the internal oblique muscle, I found myself baffled in the endeavour to get beneath this. It was not until my friend, Mr. Wood, of King's College Hospital, who lent me his valuable assistance, in conjunction with my brother officers, suggested to me that it was the rectus muscle I was dealing with, that I found out my mistake, and pushing the tumour outwards towards the thigh, discovered the moment after that of which I was in search. The rest was plain sailing enough. The external iliac artery, though dilated, appeared on examination healthy; it was ligatured about three quarters of an inch below the point of bifurcation of the parent vessel. All pulsation in the tumour ceased at the instant, and the patient was returned to bed.

The ligature came away on the thirtieth day after the operation, but not until I used some little force to arrive at that object.

Some days afterwards the patient was attacked with symptoms of bronchitis, and began to expectorate large quantities of pure pus, resembling, as nearly as possible, that discharged from the wound. I was apprehensive that pus had been absorbed into the circulation, and that I might yet lose my patient from pyæmia, the more so as he had a pulse of 140 for a couple of days. He has, however, since done well, and is now on his legs again.

Woolwich, Feb. 1863.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

HAIR-PIN IN THE BLADDER OF A GIRL AGED NINETEEN SUCCESSFULLY EXTRACTED; CLINICAL REMARKS.

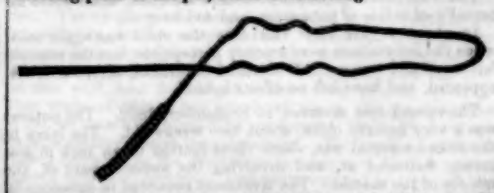
(Under the care of Mr. HILTON.)

THE records of medicine give numerous instances of the passage of various foreign bodies into the female bladder, generally during the indulgence of erotic propensities. Pieces of cork, pencils, ivory or bone instruments, such as ear-picks, netting-needles, and hair-pins, have occasionally been extracted. Of the last an instance was recorded in our "Mirror," under the care of Mr. Cæsar Hawkins at St. George's Hospital (THE LANCET, vol. i., 1853, p. 494), wherein a stone was removed from the bladder of a girl aged seventeen, the nucleus of which was a hair-pin introduced four years before. Another case occurred to Mr. Fergusson at King's College Hospital, who removed a stone from a single female aged twenty-one, the nucleus of which was a hair-pin; one end of it had perforated the vagina. Much difficulty was experienced in extracting the pin after the stone had been crushed, (ibid., vol. i., 1854, p. 662.) Mr. Holmes exhibited a hair-pin before the Pathological Society in 1857, which had been extracted from a young married woman, aged eighteen, by Mr. Faithorn of Chesham. She had slipped it into the bladder. It was removed with forceps, and was bent and encrusted with phosphates. Another instance has lately occurred to Mr. Hilton at Guy's Hospital, of a girl of nineteen, who had passed a hair pin into the bladder a few weeks before. It was most ingeniously extracted by instruments devised for the purpose, figured and described further on. The pin evidently had a portion of one of its legs bent, as represented in the drawing; it was slightly covered with calcareous deposit, and broke off within the bladder. The result in all these cases was successful. In the 31st volume of the "Medico-Chirurgical Transactions," a case is recorded by Dr. Lever and Mr. Hilton of a bone netting needle which found its way into a female bladder; it had perforated the vagina, and entered the pelvis. The latter gentleman removed it with success, and the patient did well.

A. B——, a healthy girl, aged nineteen, passed a hair-pin into her urethra, and let it slip into the bladder. This occurred on the 23rd of December, 1862. An attempt was made to extract it by introducing forceps into the bladder and grasping the pin, but it was too firmly fixed to allow of extraction. Soon after her admission, under Mr. Hilton's care, she was rendered insensible by chloroform, and a pair of dressing forceps was introduced into the urethra, so as to dilate it. First the little finger, and subsequently the forefinger, were passed into the bladder, and the hair-pin could be felt towards the patient's right side, and firmly fixed by one of its crura in the right wall of the viscus. The reflected part of the body being directed upwards and backwards, one leg of the pin was seized by the forceps several times, but it could not be drawn towards the urethra without employing injudicious force. The patient was replaced in bed, poppy fomentations were applied warm over the bladder, and five grains of Dover's powder given her every six hours.

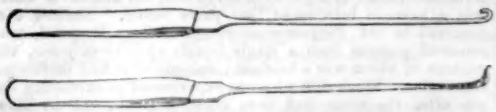
No untoward symptoms supervened, and she felt well in three days, and could retain her urine for several hours. On the fifth day she began all at once to feel a distinct pricking within the bladder, as if some change had taken place in the position of the pin, and the pain became severe on attempting to pass urine.

At the expiration of a week chloroform was again administered, and Mr. Hilton passed his little finger, and then his forefinger, along the urethra into the bladder, and felt the pin still fixed across the right side of the viscus, with the bent part of the body directed backwards. A blunt hook, directed by the forefinger, was passed so as to hook on to the hair-pin, and it was pulled first towards the patient's left side, so as to disengage its point from the right side of the bladder, and then drawn downwards towards the urethra, and thus extracted without difficulty. It was then discovered that a piece of one of the legs of the pin had been broken off and left within the bladder, but the finger could not detect it. The bladder was therefore distended by the injection of warm water, and the water allowed to gush outwards, and with it floated the remaining piece of the pin, about an inch long.



Mr. Hilton remarked on the facility with which even his forefinger could be slowly passed along the urethra without laceration of any importance being produced. He was thus enabled to feel the hair-pin, and determine the further

method of extraction according as the curved portion or the pointed ends presented. The curved portion being within reach in this instance, the blunt hook was effectually employed. Had either of the pointed legs been presented, Mr. Hilton had constructed the instrument herewith sketched,



provided with a hole or eye at its end, which he intended passing over the pointed end of the presenting leg of the pin, and running it along the leg of the pin until it reached the bent part of it, when he would have been able to draw the pin towards the left side of the bladder, and release it from its fixed position; and then by sweeping it round within the bladder, the bent or reflected part would enter the urethra, and thence be extracted. It would thus appear that the instruments required for the extraction from the urinary bladder of a hair-pin not much encrusted with solid deposit from the urine, are, the forefinger, a short blunt hook upon a long handle, and an "eyed instrument" which can be passed over one of the pointed ends of the pin. It is probable that the pin, somewhat bent by the previous application of the forceps, was broken by the muscular contraction of the bladder at the time when the patient felt the severe pricking pain within that viscus. The patient had but little inconvenience; the local fomentations and the Dover's powders were again made use of, and in a few days she could retain her urine almost as well as before the operation; but she was kept recumbent in bed during ten days, so as to facilitate the recovery of the urethra from the effects of its forced dilatation by the finger. She left the hospital in every respect well at the expiration of a fortnight.

ST. BARTHOLOMEW'S HOSPITAL.

INDURATION OF THE STERNO-MASTOID MUSCLE IN INFANTS.

(Under the care of Mr. PAGET.)

IN our "Mirror" of the 3rd January (p. 11) we recorded three cases of this remarkable malady, occurring at the Royal Infirmary for Children, Waterloo-road, under Dr. Wilks's care. They have excited considerable attention; and no doubt, now that the notice of the profession has been drawn to the disease, they will lead to the record of further cases. We have much pleasure in publishing the following additional examples of induration in the sterno-mastoid muscle of infants, occurring in the practice of Mr. Paget. They were kindly communicated by Mr. Baker, one of the hospital pupils.

The first case was that of a child, four weeks old, who was sent to the out-patients' room at St. Bartholomew's Hospital by Dr. Stutter of Sydenham. The note taken at the time of the infant being first brought (Feb. 11th, 1857) was as follows: "In the left sterno-mastoid were two or three intensely hard lumps, as hard as cartilage, which lay in its middle three-fourths, or rather occupied its place to this extent. They felt like extreme indurations of its substance, with enlargement; and were irregularly spheroidal, flattened, and rather nodular. The muscle could not be fully lengthened, and the face could not be turned to the right side; but there was, at present, no wry-neck. The child was in other respects well-formed, sturdy, and healthy. The disease was not observed until it was two weeks old, but had probably existed from or before birth."

The treatment consisted of iodine frictions, small doses internally of iodide of potassium, and cod-liver oil.

In about a year after this date the child was again seen, when the indurations were scarcely perceptible, but the mastoid felt small and tough. All traces of induration afterwards disappeared, and have left no effects behind.

The second case occurred in September, 1862. The patient was a very healthy child, about two weeks old. The lump in the sterno-mastoid was about three-fourths of an inch in diameter, flattened at, and involving the anterior part of, the middle of the muscle. The treatment consisted in occasionally applying a solution of iodine.

In February, 1863, the swelling and induration had almost entirely disappeared.

We may observe that in the most recent article on the Affections of the Muscular System, by Mr. Tatum, in the third volume of the "System of Surgery," edited by Mr. T. Holmes, no mention is made of the above disease in infants. On the other hand, the same muscle is frequently affected in adults from syphilis, and several cases in illustration are given by Mr. Tatum, together with the treatment found useful in curing the induration. In the first of Mr. Paget's cases and the second of Dr. Wilks's, there can be no doubt that the induration existed before birth, and was therefore a congenital affection. There is no evidence, so far as can be made out, that in any of these cases there was a syphilitic taint inherited from the parents.

ST. MARY'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

CASES OF MYOPIA AND AMBLYOPIA; MEANS OF DIAGNOSIS, AND EMPLOYMENT OF TESTS, ETC.

(Under the care of Mr. ERNEST HART.)

IN the out-patient room of the ophthalmic department, patients habitually present themselves, offering no obvious affection of the eyeball to ordinary observation, but complaining of short sight or weak sight. Mr. Hart observes that with many persons the two phrases are used almost interchangeably, although the myopia may exist without any degree of amblyopia. It not unfrequently happens in ophthalmic practice that patients are seen who have long complained of weak sight, and have been subjected to prolonged and perfectly useless, if not injurious, courses of treatment, simply because the physical conditions of the optic apparatus have not been ascertained, and the particular cause of the defect not been made out. In the same way patients are seen very often who have been cautioned against "trying their eyes" by wearing glasses, when, in fact, the use of a duly corrective concave lens is the only rational means by which the focal defects of the eye can be remedied, and the best means of affording relief and averting the evils and annoyances, present and future, incidental to early myopia. The first necessity in such cases is accurately to test the nature of the defect. Mr. Hart has adopted successfully the method employed in the Austrian recruiting service, and which is favourably spoken of in the report from Fort Pitt. It consists in testing the near point at which small print can be made out with concave 6. In subjects of myopia the point is situated within six inches, and in all cases where myopia exists in an aggravated form the test answers very well. In slight cases, and with an unintelligent patient, the diagnosis is not so readily obtained. But tests with a convex lens may also be employed, and Mr. Hart concludes with certainty that there is no myopia when the patient can read small print at the focal distance of a convex lens. Another test is afforded by the optometric use of the ophthalmoscope; thus myopia may be diagnosed by the possibility of seeing the reversed image of the background without the convex lens, or by noting the strength of the concave lens necessary for detecting the upright image.

With reference to the etiology of the disease, Mr. Hart has remarked: "The old notion of the dependence of shortness of sight upon an undue convexity of the cornea is in some measure extinct; but it still exists to a mischievous degree. In fact, this belief is not supported by human or comparative anatomy. Great flatness of the cornea is perfectly compatible with considerable myopia; indeed, it may be asserted that increased convexity of the cornea, contrary to popular belief, is hardly ever associated with short sightedness. The actual causes of short sight are probably very various. In all such patients the luminous rays from distant objects are concentrated in front of the retina, and in falling on that membrane form circles of diffusion which render the image indistinct. An excessive convexity of the lens is one cause of short-sight, irregular accommodation another; and the ophthalmoscope has greatly and very importantly enlarged our comprehension of a numerous and obscure class of myopic cases in which the myopic condition may now by its aid be connected with a definite pathological condition. I should say that in seven-eighths of the myopic patients examined ophthalmoscopically, and indeed in nearly all cases where myopia is associated with any degree of amblyopia, a white crescentic patch has been discernible at the margin of the limits of the optic disc. This is indicative of choroidal atrophy. This atrophy of the choroidal tissue may, indeed, be in some cases congenital; but it may always be considered as indicative of posterior sclero-choroidal staphyloma, with an elongation of the antero-

posterior diameter of the eyeball, explaining the myopia which is its attendant result. Whether this form of posterior staphyloma be occasionally congenital or not, there can be no doubt, I think, if clinical history avails anything, that in the majority of cases it is the result of slow posterior sclero-choroiditis. This is a very insidious disease of the eyeball, of which until lately little was known, and, until the ophthalmoscope displayed to the surgical eye the structures of the fundus, nothing could be known. It is accompanied by greatly increased intraocular pressure, and the atrophy and staphyloma of the sclerotic and choroidal coats may be regarded as pathological changes of a remedial character, relieving the eye from that internal pressure which is so peculiarly destructive. It is in these stages, and when the myopia is progressive and obviously depending upon intraocular pressure and advancing posterior sclero-choroiditis, that the division of the ciliary muscle might be rationally indicated and usefully employed. Certainly in cases where the evidences of intraocular pressure are palpable in cupping of the optic disc, rigidity of the eyeball, and marked amblyopia as well as myopia, intraocular myotomy or iridectomy is strictly indicated."

WESTMINSTER HOSPITAL.

SEQUEL TO A CASE OF RECURRENT FIBROID TUMOUR OF THE ARM; WITH CLINICAL REMARKS.

(Under the care of Mr. BARNARD HOLT.)

IN THE LANCET of 13th July, 1861, and 21st June, 1862, we gave the details of this interesting case, of which to-day we report the sequel, so far as operative interference is concerned. The previously detailed history of the case is briefly as follows:

The young woman eight years before she came under Mr. Holt's notice had a tumour between the metacarpal bones of the right hand, which was removed, and subsequently the forearm was amputated. In January, 1861, she was admitted into the Westminster Hospital for a rapidly growing fibroid tumour on the inner side of the right elbow, for which Mr. Holt performed amputation at the shoulder-joint in the same month. In April, 1862, a tumour appeared in the axilla, immediately beneath the cicatrix, which was removed by Mr. Holt on the 13th May, 1862.

For the subsequent history we are indebted to Mr. Beadles, the house-surgeon:—

The patient remained quite well until October, when she perceived a fresh growth near the former cicatrix, which increased rapidly in size, and she therefore returned to the hospital, and was readmitted under Mr. Holt, who extirpated the tumour on the 28th October, 1862, this being the fifth operation which the patient had undergone. This tumour, being of softer texture than the preceding growths, and some of it lying beneath the border of the pectoral muscle, was removed in four pieces.

The patient was making a good recovery when, within a fortnight of the operation, another tumour (the sixth from the commencement) was perceived beneath the skin over the pectoral muscle, which increased rapidly in size, and was removed by Mr. Holt on the 18th November. After removing the tumour, with as much of the surrounding cellular tissue as was possible, Mr. Holt applied nitric acid freely to the surface of the wound, with the view of destroying if possible any diseased tissue which might have escaped the knife, and it was then left open that it might heal by suppuration and granulation. The last tumour, which was of the size of a goose-egg, differed from all the others, in having a cyst in close connexion with it, which projected into the pectoral muscle for a short distance, but was entirely removed by ablation of a portion of the fibres of the muscle. The tumour itself was of much softer consistence than the former growths, presenting less of a fibrous and more of a medullary character. On microscopic examination, however, the fibrous element was distinctly visible; but a large quantity of milky juice was present, in which nucleated cells and nuclei were visible, though nothing essentially characteristic of cancer could be discovered.

After the operation all went on well until November 29th, when the patient had shivering and became feverish; and on the following day erysipelas appeared on the right shoulder and breast.

Dec. 1st.—The erysipelas is spreading, and a line was therefore made with a stick of nitrate of silver to prevent its reaching the neck, and this proved effectual.

2nd.—She was ordered ammonia and bark, with twelve ounces of brandy, and all the erysipelatous surface was covered with lint dipped in a solution of nitrate of silver—four grains to the ounce. The wound looks glazed and unhealthy.

5th.—She is better generally; but the erysipelas continues to spread over the back and opposite shoulder.

6th.—Mr. Holt ordered the muriated tincture of iron in fifteen-minim doses, three times a day.

9th.—Has much improved; the wound is looking healthy, and the erysipelas is abating.

13th.—Was doing quite well until to-day, when she had severe sickness, and was ordered effervescing mixture, which relieved her.

17th.—She was again put on the steel mixture, and the wound rapidly healed.

At the beginning of January, however, some slight swelling was noticed in the region of the cicatrix, which rapidly showed itself to be a further return of the growth. The patient declined, however, to submit to any further operative interference, and left the hospital on the 10th ultimo. She has been heard of since that time, and reports that the tumour has increased very rapidly, and will in all probability soon burst through the skin, and destroy the patient by exhaustion.

In some clinical remarks upon this interesting case, Mr. Holt observed upon the strong tendency to recurrence which characterized these fibrous growths, resembling in that particular ordinary malignant tumour, but differing from them in not involving the lymphatic glands in the neighbourhood. He also drew attention to the changes which had taken place in the consistence of the tumours, the first he had removed being of a dense fibrous character, whilst the latter were softer, and the last of all had connected with it a distinct cyst. Mr. Holt alluded also to a somewhat similar case which had lately occurred in his private practice, in which he had removed a tumour of the breast five times, the first growth being distinctly fibrous, and the latter so soft that they could be broken down by the finger, and removed with the handle of the knife. In that case he had been obliged to abandon operative interference at the patient's desire, and she was now gradually sinking from the exhaustive discharge.

We may remark that we heard Mr. Fergusson, in some observations on a somewhat similar case at King's College Hospital, give an explanation of the rarity of these "recurrent fibroid" growths in former years—viz., that the tumours were allowed to ulcerate through the skin, and to form a fungous mass, which was known as "the fungus hæmatodes." Every surgeon knows how rarely these latter growths are met with now-a-days; and no doubt Mr. Fergusson's view of their nature and relation to the recurrent fibroid is the correct one.

KING'S COLLEGE HOSPITAL.

PIROGOFF'S OPERATION FOR DISEASE OF THE TARSUS; SUCCESSFUL RESULT.

(Under the care of Mr. FERGUSSON.)

FOR the notes of the following case we are indebted to Mr. W. J. Smith, house surgeon to the hospital.

Wm. H——, aged twenty-two, single, admitted on the 7th of October, 1862. The patient is a delicate, pale-faced young man, who has lived all his life in Kent, where he has been engaged as a clerk. He has generally had good health. About four years and a half ago his right foot slipped while dancing. He felt acute pain at the time, which lasted only for a moment, and for a month it gave him no uneasiness; but at the end of that time the ankle joint began to swell, especially at the outer side; it was slightly painful, the pain being increased by exercise. The swelling and the pain increased so much that he was compelled to give up using the foot. The doctor who attended him made an opening just below the external malleolus, and let out a small quantity of matter. Soon after this the joint became stiff, and discharged matter from several openings. This state of things has continued up to the present time. When he presented himself at the hospital the ankle-joint was swollen to three times its natural size. The swelling extended from a little above the malleoli to the bases of the metatarsal bones; the skin covering these parts was red and glazed, and there was a discharge of matter from several openings, through any of which a probe could be passed into the joint; there was no movement of the ankle, and any attempt to bear upon the limb seemed to give the patient very great pain; the heel and the sole of the foot were quite free from disease.

Oct. 11th.—Chloroform was administered. Mr. Fergusson commenced his incision at the internal malleolus; then carrying it vertically downwards and across the sole of the foot, he ended at the external malleolus. He then sawed through the os calcis from below upwards; after which he made an incision across the dorsum of the foot, and separated it from the leg; and finding that the astragalus was firmly anchylosed to the bones of the leg, he took a thin slice off the lower ends of the tibia and fibula, and removed these along with the astragalus; then bringing up the posterior half of the os calcis, he applied it to the cut ends of the bones of the leg. The wound was then stitched up, and wet lint and a bandage applied.

13th.—Is doing well. The wound looks healthy; is dressed with simple cerate, over which lint saturated with myrrh lotion is placed.

22nd.—Going on remarkably well. Lower flap well supported by strapping; the raw surfaces look healthy. Red lotion applied.

Nov. 10th.—Wound looks healthy; granulating slowly; several sinuses, however, have formed about the line of the incision. Stump well strapped, and water dressing applied.

26th.—Wound almost entirely healed. There are still several sinuses remaining open. Stump bandaged.

Dec. 2nd.—The stump is looking very well; the sinuses are rapidly healing up. Stump to be bandaged daily. Good union between the bones of the leg and the os calcis has taken place.

9th.—Discharged cured, with a very good stump. General health very much improved since operation. He gets about on crutches, and is not able to bear much weight upon the right leg.

ST. GEORGE'S HOSPITAL.

ANGINA PECTORIS (?); FATTY DEGENERATION OF HEART; SUDDEN DEATH.

(Under the care of Dr. PITMAN.)

JOHN S——, aged twenty-nine, was brought in dead on the 6th of August, 1862. It appeared from the statement of his friends, that he had come some days previously from Newcastle-on-Tyne to visit the International Exhibition. He had during his stay in London paid little attention to diet—getting his meals in a hurried, irregular manner. On the day of his death he went to the Exhibition at ten o'clock in the morning, and complained of some pain in the region of the heart. He moved about the building until half-past eleven, when he again complained of the pain at his heart. He put his hand to his side, and the next moment he fell forward dead.

Autopsy, forty-eight hours after death.—The body was well nourished. The large veins of the brain were full of blood; but there was no general congestion. The pericardium contained a small quantity of blood-stained fluid. Both ventricles were uncontracted—the left most conspicuously so; they contained perfectly fluid blood. The lining membrane was blood-stained; the muscular substance was generally flabby—the cut surface finely mottled with yellow. Under the microscope, the fibres were all more or less fatty. The lungs were both congested; at the apices were some old tubercular cicatrices. The larynx, trachea, and bronchial tubes were all reddened, as was supposed, from the infiltration of the fluid blood. A minute speck, like a miliary tubercle, was observed under the mucous membrane of the epiglottis. The stomach was distended with gas, the dependent portion being injected; it contained a little half-digested food. The spleen was large, but healthy. All the other viscera were healthy.

UNIVERSITY COLLEGE HOSPITAL.

SPONTANEOUS DISEASE OF THE ELBOW IN A MAN AGED SEVENTY-TWO; REMOVAL OF THE LIMB.

(Under the care of Mr. ERICHSEN.)

DISEASES of the joints in aged people, spontaneously occurring, and running a rapid course towards disorganization, are very rarely witnessed in surgical practice. In very old persons the joints are often chronically affected for years, and seldom require removal of the limb.

Some weeks back, a man, aged seventy-two, was admitted with disease of his right elbow-joint of only six months' duration, occurring spontaneously, without any assignable cause; the part was much swollen, painful, and somewhat inflamed. Every effort was made to relieve these symptoms, but without avail. The forearm was becoming involved, and as the constitutional powers were beginning to flag, Mr. Erichsen considered it necessary to submit the patient to amputation. This he said he did very reluctantly, on account of the patient's age, as well as its being one of the superior extremities, with such a useful appendage as the hand. But if delayed any longer, it would be at the sacrifice of the patient's life.

Removal of the arm was accomplished on February 18th by lateral flaps, and only a few drops of blood were lost. On laying open the articulation, the whole of the cartilages were found destroyed, and the bony surface was quite bare, with rather extensive erosion; the head of the radius was the last and the least affected, for some of the encrusted cartilage was still present. All the soft structures were completely disorganized, and infiltrated with a soft, pulpy, and gelatinous material, extending some distance downwards into the forearm. The disease was too advanced to permit of excision, which Mr. Erichsen would most readily have attempted had there been any chance of its proving a successful measure. Although very little blood was lost during the operation, the stump was very vascular, and a number of vessels required ligature. The stump up to the present time is healing very kindly, and if no drawback present itself, notwithstanding the age of the patient, he is expected to make a good recovery.

Provincial Hospital Reports.

PETERBOROUGH INFIRMARY.

GUM-ELASTIC BOUGIE BROKEN INTO THE URINARY BLADDER; STRICTURE DIVIDED BY PERINEAL SECTION ON SYME'S STAFF; EXTRACTION OF THE FRAGMENT OF BOUGIE THROUGH THE WOUND.

(Under the care of Dr. T. J. WALKER.)

IN the number of THE LANCET for the 6th December, 1862, is reported a case in which a portion of a gutta-percha bougie was removed from the bladder through the urethra, after dilatation of the stricture (for the treatment of which the bougie had been used) by Holt's dilator; and in the prefatory remarks attached to the case allusion is made to the records of other cases in which foreign bodies, accidentally introduced, have been removed from the urinary bladder. The plan of operation adopted in the following case differed from any of those referred to; and we place it on record from a belief that when a surgeon is called upon to act in emergencies such as this, various operative procedures will be weighed in his mind, which, had they not been suggested by recorded cases, would not have received due consideration, or might even have entirely escaped notice. The treatment of this case ended not only in the entire removal of the foreign body, but in the complete cure of the stricture; in these points resembling the case with which it is compared. Dr. Walker remarked that in similar circumstances he should be inclined to adopt the same proceeding, notwithstanding the favourable experience he had lately had of Mr. Holt's instruments in the treatment of a severe case of stricture.

John E——, aged forty, an agricultural labourer, was admitted into the Infirmary on April 20th, 1860, suffering from a stricture under which he had laboured for some years, and from perineal abscess which had formed within the week previous to admission, and was preceded and accompanied by retention of urine. The abscess was freely incised, and the stricture treated by dilatation by bougies, the patient leaving the hospital on the 2nd of May, passing his urine comfortably, the stricture admitting a No. 5 bougie. Dilatation progressed gradually, so that on July 17th he passed No. 7 for himself, and continued to do so for some time; but his general health being bad, and sinuses remaining in the perineum, he was sent to the sea side, and was lost sight of until May 21st, 1862, when he applied for admission to the infirmary, stating that he had that morning broken off a portion of the catheter in the urethra. He said that since his visit to the sea-side he had been in excellent health, and had experienced but little inconvenience from his stricture, until about a week before the present date, when, after exposure to cold, he felt pain in the perineum and testicles, and experienced difficulty in passing urine, which induced

him to make use of a No. 4 catheter given him by his club doctor at the time when he laboured under similar symptoms two years before. The stricture was situated near the bulb, and on withdrawing the catheter he found that a portion was broken off. He felt with his finger in the perineum, and fancied that he perceived the fragment just in front of the anus; and without attempting in any way to relieve himself, he walked up to Peterborough and applied at the infirmary.

On admission, he was found to be labouring under slight orchitis, the scrotum also being œdematous. External pressure failed to detect the position of the catheter, and accordingly a No. 1 sound was carefully introduced into the urethra with a view to ascertain its situation. The urethra was found clear, and the fragment was discovered lying in the bladder towards the left side.

On the same day Syme's operation for the relief of stricture was performed; and a lithotrite being introduced through the urethra, an endeavour was made to search for and seize the foreign body, and thus extract it; this failing, a pair of urethra forceps was introduced into the bladder through the perineal wound, and the portion of catheter was caught and withdrawn without difficulty, being so much softened by the warmth of the body as to readily double on itself, and at the same time to give no very distinct indication when struck by the forceps or the lithotrite. It was a portion, two inches and a half long, of a No. 4 catheter. A tube was introduced through the wound into the bladder, as now recommended by Syme; and the patient expressed himself as perfectly comfortable.

May 23rd.—Going on very well. Tube removed.

24th.—A little of the urine passes by the natural outlet, the greater part by the wound.

25th.—A No. 12 bougie passed into the bladder.

30th.—A bougie daily passed into the bladder. It is found that there is partial paralysis of the bladder, which is greatly dilated; twenty ounces of urine remaining after he had passed as much as he could without the catheter.

June 3rd.—Feverish.

5th.—A regular attack of ague.

6th.—The same. Quinine was ordered, but only a very small divided dose was taken.

7th.—Another attack of ague. Ten grains of quinine taken at bedtime.

10th.—No chill fit since the 7th. Wound healing rapidly.

July 10th.—A No. 12 catheter passed into the bladder. A little urine escapes now and then through a pin-hole orifice in the perineum.

Aug. 2nd.—The patient, who has been an out-patient since the middle of June, was dismissed cured, with instructions to have a bougie passed occasionally. He had suffered from ague frequently, having lived all his life some miles out of Peterborough, on the edge of the fens. When last heard of he was perfectly well.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 20TH, 1863.

MR. PRESCOTT D. HEWETT, PRESIDENT.

IN opening the proceedings of the evening, Mr. HEWETT acknowledged the honour which the Society had done him in electing him its President. He attributed this to his having been one of the very earliest to aid in founding the Society. The difficulties were very great in maintaining its operations successfully at first; but after these early obstacles were overcome, its career became a most prosperous one. It was now second to none in the metropolis. He appealed to the volumes of their "Transactions" as proof of the value of their labours; but it was a source of great regret to the working men that there was no clue in the form of an index to this mass of valuable facts. He hoped and believed that an index would be forthcoming during the term of his own presidency, and an index well and fully constructed. In fine, it should be his aim to promote the interests of the Society in every way in his power.

Some new members were elected.

BLACK CATARACT.

Mr. HULME removed this from an elderly patient a month ago, and considered it a good specimen of the kind. The colour he believed was due to imbibition of the colouring matter of the blood. It had been said that these lenses contained iron.

Mr. G. D. POLLOCK made some remarks, to which Mr. Hulme replied.

FIBRINOUS COAGULA IN THE HEART.

Dr. OGLE showed a series of eight preparations illustrating the spontaneous formation of fibrinous coagula, at a long period before death, in the cavities of the heart, most of which had undergone considerable softening, and some of which were quite fluid in their centre. In several of these specimens the central puriform fluid was bounded by a firm smoothish surface, reminding one of the wall of an abscess, and welled out on section of the clot being made. The firm character of these coagula, their colour, their adherence to the walls of the heart, and the changes which had taken place or were taking place within them, marked conclusively that the formation of the coagula had occurred some time, possibly some weeks, before death. Out of the eight cases, this old-standing and degenerating coagulum was found in the right auricle in five cases, in the right ventricle in three cases, and in the left ventricle in one case only. In almost all instances the cases had been such as included retardation of the blood's circulation through the lungs, and mostly a long and lingering death; the patients also being chiefly subjects of previous ill health or intemperance. The cases were illustrated by water-colour drawings.

In addition to the interest connected with the formation of fibrinous coagulum, previous to death, within the cavities of the heart, of which the characteristic nature of the specimens rendered them remarkably good examples, Dr. Ogle proposed to the Society to consider what might have been the effect upon the body supposing that those coagula, which contained a quantity of puriform fluid, broken-down clot, &c., in the centre, had given way during life, thus letting it flow into the general current of the blood. Possibly we should have symptoms analogous to what are termed pyæmic, and the establishment of so-called secondary deposits. In how many cases may not such an admixture with the blood have been permitted by the yielding of such coagula softened in their interior? Dr. Ogle was not aware that any direct experimental research had been made in this direction, and thought such would be interesting.

Mr. HILTON wished to know how long these coagula may have formed before the patients' death, as marked by any phenomena during life. Also, what would be the effect of the circulation of the fluid contained.

Dr. OGLE said that in all cases death had been a very slow process. Some had had rheumatic fever. He could not say that any special phenomena had marked the formation; a term of months might have elapsed, he believed, in some cases. He thought pyæmia might be produced by the bursting of a concretion.

Dr. BRISTOWE had examined numerous cases, and he had never seen anything to warrant him in believing that pyæmia could be produced by the bursting of these sacs. With regard to the time that a fibrinous concretion might form before death, he believed he had seen a case in which two months had probably elapsed; but it was always necessarily a matter of uncertainty.

Dr. OGLE also related a

CASE OF EMBOLISM OF BOTH MIDDLE CEREBRAL ARTERIES,

with softening of the brain, in connexion with fibrinous deposits on the surface of the left auricle and mitral valve, following scarlet fever and rheumatic fever. The patient was a young woman who died hemiplegic shortly after becoming so. The rheumatic and scarlet fever had occurred about three years previously. After the former she had chest symptoms—no doubt an affection of the heart; and after the latter she had dropsy. In addition to the fibrinous masses on the lining of the heart, there was ulceration of the endocardium at one point, and fibrinous blocks in the substance of the kidney.

Dr. OGLE also mentioned the following

CASE OF FIBRINOUS PLUGGING OF THE CORONARY AND CAROTID ARTERIES.

This was a specimen in St. George's Hospital Museum, recorded by Mr. Cæsar Hawkins in 1829. The patient was a woman aged fifty-six, who was thought to have been hysterical for some time. Only a few days before death she had complained of great pain at the region of the heart, which was followed by œdema and gangrene of the legs. After death, masses of fibrin, some of which were undergoing softening, were found between the columnæ carneæ of the right ventricle, and a few of the same nature also adherent to the inner surface of the left ven-

tricle. But in addition, one of the coronary arteries was found plugged with a coagulum of fibrin; and the carotid artery within the cranium, on the left of the sella turcica, also contained a quantity of coagulated fibrin and blood, apparently of old standing. Owing to the light which we now possess regarding the connexion between coagula plugging up the arteries and fibrinous deposition on the heart's walls or valves, the occurrence of the above case—the import of which could not have been recognised at the time—is of considerable interest.

Dr. CRISP exhibited the following specimens taken from the lower animals:—

1. A Nodulated Bony Concretion taken from the Stifle-joint (knee) of a Horse. It weighed 318 grains; measured two inches and a half in length, and one and a half in breadth. The animal when six months of age was injured by slipping down when playing with another colt, and was lame from this period; but it continued to plough and do slow agricultural work for six or seven years, when it was killed. The concretion was found in the cavity of the joint. Dr. Crisp thought it probable that a portion of a cartilage was partly detached by the injury, and that ossific matter was gradually deposited, the substance afterwards becoming free.

2. The Crop of a Turkey enormously distended from an accumulation of dry, tough grass, which the bird was unable to get rid of. The contents of the crop weighed twenty ounces, and the cavity held fifty ounces of fluid. The bird was very thin, but in other respects all the organs of the body were in a normal condition. The muscular parietes of the crop were much thickened. Dr. Crisp said that the contents of the crop might have been readily removed by incision during life. Some years since he saw a number of hens that were poisoned by arsenic. One only was alive, its crop being much distended with barley, but she was unable to stand. He made a large incision, removed the contents, washed out the crop, and sewed up the wound. The bird ate directly, and quickly recovered.

3. The Tuberculated Spleens of two Pigs. The tubercles varied in size from that of a hazel-nut to that of a pea. The lungs and liver were also diseased; but the animals, notwithstanding, were in good condition, and were killed for food. The tubercular matter formed the greater part of the bulk of the spleen. The person who had slaughtered the pigs, and who had killed many hundred pigs during eighteen years, had only met with three similar instances.

4. Fungoid Disease from the Orbit of a Sheep, which weighed about two ounces, and projected two inches from the orbit. It had much the appearance of the same lesion in the human subject. The disease was of rapid growth, and commenced four months before the animal was killed.

5. A large oblong Scrofulous Bronchial Gland of an Ox, situated at the bifurcation of the trachea. It weighed about seventeen ounces, and so pressed upon the air-tube as to occasion approaching suffocation. This was always relieved by introducing a hollow probang into the stomach, and evacuating the gas.

6. A large Cyst (Echinococcus) from the Abdomen of Ælian's Wart Hog (P. Æliani). The cyst held five pints of fluid, and was in a state of chalky degeneration. Also three small Echinococci from the Peritoneal Coat of the Stomach of the Java Masked Hog (Sus plicíceps). Dr. Crisp said that he had found these parasites in all the foreign hogs that he had examined, including the other species of Wart hog (P. æthropicus), the Red River hog (P. penicillatus), and the African and European wild hogs.

7, 8. Pericarditis in a young Emu, the pericardium being covered with recently-formed lymph. The Liver of a Stanley Crane (G. paradisea), in which the hard semi-cartilaginous tubercles formed nineteen-twentieths of the organ. Dr. Crisp believed that one form of tubercle in some quadrupeds and in many birds was of parasitic origin.

In reply to a question from Mr. POLLOCK, Dr. CRISP stated that tubercle does not soften in the lower animals, but it becomes cartilaginous and finally bony in its structure.

Mr. HILTON remarked on the bony body found in the knee of the horse; was it really produced by accident? was it surrounded on all sides by cartilage? He thought it not unlikely that loose cartilages in the human joint might be the result of injury.

Dr. CRISP had received it from a gentleman in the country, who had not afforded the information sought.

FIBRO-CYSTIC GROWTH SURROUNDING THE UTERUS.

Mr. NUNN showed this specimen, filling the abdomen of a patient, supposed to be ovarian. Mr. B. Brown attempted its removal, tapped some cysts, but found removal impossible, and closed the wound. She did well for three weeks, but then, from imprudence in going about, she became ill and died. On examination the ovaries were found unaffected; but there appeared to be a mass of fibrous tissue surrounding the neck of the uterus, of varied appearance and consistency, and forming a portion of an umbilical hernia. He believed it to be unique as regarded the annals of this Society, and could not give a name to it; but, if compelled to do so, would say it was a fibro-cystic tumour of the subperitoneal tissue of the uterus.

Dr. BRISTOWE inquired for growths in other parts.

Mr. NUNN believed there were not any; and, in reply to a question from the President, stated that he thought there was some resemblance to malignant disease as it appears in the ovaries.

Mr. HOLMES doubted whether the tumour was anatomically connected with the uterus, and suggested further examination. (Mr. Holmes and Mr. Nunn were appointed to dissect it farther together.)

The PRESIDENT had dissected a specimen which had been supposed to be connected with the left ovary, which he found to be a mass of fibro-cystic growth, weighing 54 lbs., attached to the uterus. A second he had likewise examined, supposed also to be ovarian; it had been tapped during life, and it turned out like the preceding. It was in St. George's Hospital.

NERVES IN ANÆSTHETIC LEPROSY.

Mr. HOLMES showed, for Dr. Vandyke Carter, of Bombay, this specimen: some nerves, affected by this disease, for the inspection of the Society—the median, ulnar, tibial, &c. An account of the microscopic appearances had been sent last session.

ACUTE NECROSIS OF THE TIBIA.

Mr. HOLMES exhibited the bones of the lower extremity from a child aged two years and a half, suffering with acute necrosis, removed by amputation through the knee joint. Recovery took place, and the stump soundly healed. Subsequently the child died of acute pneumonia and pericarditis. The specimen showed in an interesting manner how the deposit of new bone corresponded with the amount of periosteum present, for much of it had sloughed.

NECROSIS OR PERIOSTITIS OF THE TIBIA?

Mr. MAUNDER showed a specimen from a child, and contended that the term periostitis might be as correctly, or more correctly, applied than ostitis, the death of bone being, perhaps, the result of the periostitis.

Mr. FERGUSSON thought these preparations very interesting. He would not venture to give an opinion on the propriety of amputating in these cases. His experience led him to believe that it was not so very often necessary. He had seen exhaustion (the great reason for operating) often recovered from if we waited, and then the bone only had to be removed when in the form of a sequestrum: a much better result for the patient. The old practice was to amputate when a large portion of the femur or tibia was necrosed in acute disease; but he was satisfied this was not the right course. We had very much overrated the evil influence of suppuration on the powers of the patient in these cases. Might it not have been the checking of that suppuration by amputation that caused the subsequent disease of the lung in one of these cases? He thought the distinction between periostitis and ostitis in these cases of little or no value.

Mr. HOLMES replied to Mr. Fergusson on the question of the propriety of performing amputation. He had carefully watched this case, and he believed, as did his colleague at the Hospital for Sick Children, that it was impossible to save the child's life without amputation. The ankle-joint was wholly disorganized, and matter was burrowing largely in the muscles of the calf and foot.

Mr. MAUNDER defended the amputation in his case on somewhat similar grounds. The child was now doing well.

CANCER OF THE STOMACH.

Dr. MURCHISON showed a case of perforation of the stomach from primary cancer, occupying chiefly the lesser curvature. Gangrene occurred in one of the masses, producing perforation.

PURPURA.

Dr. MURCHISON stated that the case arrived at the hospital as one of scarlet fever; but the whole of the tissues were involved in purpura, and loaded with blood. The cavities were filled with blood, the extravasation being remarkably large and wide-spread. The kidneys and the bladder were exhibited.

Reviews and Notices of Books.

A Manual of Animal Physiology for the Use of Non-Medical Students; with an Appendix of Questions from various Examination Papers, including those for B.A. London for the last Ten Years. By JOHN SHEA, M.D., B.A. Lond., &c. pp. 240. London: Churchill and Sons.

THIS is a useful compilation adapted to the wants of those presenting themselves for degrees in arts; and from which valuable hints also might be gathered by medical students. In a small compass the author has discussed the leading principles of physiological science in plain language, and has introduced just sufficient comparative to illustrate, but not overwhelm his subject. The chapters contrasting the respiratory and circulatory systems in the several classes of the animal kingdom are particularly good, and will save the student much time and trouble. The chapters, too, on the Special Senses, though brief, are to the point, and place their subjects in a clear light.

Besides supplying the wants of male students, this work may be put in the hands of such of the opposite sex as take an interest in physiological matters without fear of shocking their sense of propriety by those startling sexual diagrams &c. which adorn some works. The author's chapter on Development is of the most modest description; and we can recommend his book to those teachers who require a text-book for their young pupils. The illustrations are good; and we are happy to say Dr. Shea makes full acknowledgment of the sources from which those that are not original are derived.

A Practical Treatise on Dental Medicine; being a Compendium of Medical Science as connected with the Study of Dental Surgery. By THOS. E. BOND, A.M., M.D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Third Edition, revised, corrected, and enlarged. pp. 404. Philadelphia: Lindsay and Blakiston. London: Trübner.

DENTAL SURGERY seems to have made more rapid strides in America than here during the last few years, notwithstanding the fostering care of the College of Surgeons. Hence we are not surprised to find Dr. Bond's book reaching a third edition, which is certainly worthy of a favourable introduction to our dental readers.

The author has taken a rather wide view of pathology as bearing upon dental surgery; and we might possibly cavil at some of the matter introduced as being irrelevant to the subject—e. g., a lengthened discussion on venereal ulcers, hare-lip, removal of the jaws, &c.; but perhaps it may be better to have too much than too little, and it must be left to the common sense of each practitioner to draw the line between medical and dental practice. Certainly, if the dental practitioner master the whole of this volume, he cannot fail to be well informed in the general principles of pathology.

Some rather wonderful cases are quoted from various sources, which might in most instances have been omitted with advantage. It is rather annoying, too, to be referred to cases occurring in 1824, when more recent ones, which could easily be verified, might, we imagine, be readily found. With these few blemishes, however, the book is certainly one of value, although it does not pretend to carry the reader to the last point of pathological research, since the author apparently ignores the labours of Paget, Simon, &c.

On Eccentric and Centric Force; a New Theory of Projection. By HENRY F. A. PRATT, M.D. pp. 294. London: Churchill. 1862.

THE principal object of this treatise is to afford a refutation of the Newtonian theory of gravitation as applied to the explanation of the movements of the heavenly bodies, and to offer in its place one by which the whole of their complicated motions can be adequately accounted for. In effecting his intention, however, the author emphatically admits that the science of astronomy, based as it is upon the results of careful and accurate observation, is entirely distinct from the theories by which the phenomena it unveils are explained; so that the overthrow of even such a theory as the Newtonian would only affect astronomical science in so far as to require from it a new theory by which to explain, at least in part, if not entirely, the wonders it reveals. The work must have cost Dr. Pratt both thought and labour.

Proceedings of the International Temperance and Prohibition Convention. Held in London, September 2nd, 3rd, and 4th, 1862. Edited by Rev. J. C. SIBREE, Dr. F. R. LEES, and Rev. D. BURNS. pp. 518. London and Manchester: Job Caudwell. 1862.

HERE are more than five hundred closely printed pages, all very instructive to those interested—and who is not?—in the cause of temperance and sobriety. This record of the "proceedings" will no doubt prove of great importance in the cause, and will convince the careful reader of the great strides which it has made since the last convention in 1846. There are many valuable papers in the work, the study of which will help to remove much prejudice, solve many problems, and provoke many inquiries. But we are free to confess that some of the reverend speakers, more particularly, have also set down a vast deal of nonsense. Still here is a great history of a great fact, not, upon the whole, untruthfully illustrated.

LEPROSY.

To the Editor of THE LANCET.

SIR,—Allow me to correct an oversight in your critical review of the recently published volume of the "Pathological Transactions." The communication on the subject of Anæsthetic Leprosy referred to by you (THE LANCET, Dec. 13th, 1862) is, I presume, one which I sent to England several months since, and which was obligingly brought before the Pathological Society by Mr. Holmes (in the unavoidable absence of Mr. Athol Johnson) at the meeting of March 25th, 1862. The specimens mentioned were not forwarded by me till some time afterwards, and then in the anticipation that the Pathological Society might think it worth while to appoint a committee to examine them, and thus confirm my observations.

Those interested in the subject of leprosy will find an account of the disease as it appears in India in the forthcoming volume (No. 8, new series) of the "Transactions of the Medical and Physical Society of Bombay." In this article, I have entered fully into most points touching the symptoms and morbid anatomy of this wide-spread but hitherto almost ignored malady. The most important results of my inquiries concern the eruption of leprosy, which I believe to be essentially allied to *Lepra* (or *vice versâ*); and the limitation of disease to certain nerve-trunks (a more copious list of which is given than that forwarded to the Pathological Society) in the anæsthetic form of the disease. With regard to the tubercular form, which is seldom unaccompanied by the two others, not much new matter is added; but microscopical observations (illustrated) are now first given, and certain points mentioned in which my researches differ materially from those of MM. Danielssen and Boeck. The illustration which this disease affords of the close connexion between the functions of innervation and nutrition is most striking, if not unique in the whole range of pathology.

I am not aware that leprosy is spreading in India. Little seems to be known concerning the disease generally; nor do I think that the questions about to be issued to medical officers will elicit much information, simply because the attention of inquirers has not been directed to the subject. The more satisfactory plan would be to appoint a committee of investigation, or a commission like that of the Norwegian Government, which produced such well-known results.

I am, Sir, your obedient servant,

H. V. CARTER, M.D.,
Assist.-Surg., and Professor of Anatomy and Physiology at the Grant Medical College, Bombay.

Bombay, Jan. 23, 1863.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 28, 1863.

WE have recently had occasion to advise our professional brethren in reference to their connexion with public companies. We now throw out a few suggestions to Assurance Companies for the guidance of their relations with medical men. If there be a problem which the commercial spirit of the age has more than another proved to demonstration, it is that which proclaims the necessity of special experience as essential for a special success. At least one half of the disasters which have befallen promising speculations have resulted from a want of particular, as distinguished from general, knowledge. In any profession there is what may be termed "common information," which enables its well-educated members to decide on a given proposition with what, for general practical purposes, is considered as reliable accuracy. For success something more than this is requisite and generally available. The Company which neglects to bring to bear on its investments every source of knowledge is wanting in a double duty—that which it owes to those whose commercial property it represents, and that which is due to the public more remotely, but not less substantially, interested in its progress.

We apply these truisms to the question of Life Assurance, and have at once an illustration of their practical working. Every Insurance Company deserving of support has at least one confidential medical officer whose advice determines the conditions on which they grant their policies. Experience has proved the necessity of an additional precaution to that which is thus exercised. Special information on each particular case is known to be an essential element in those calculations on which the basis of commercial profit on their insurance admittedly rests. This special information is the experience of the habitual medical attendant of the person seeking to be insured. It is true there are cases so distinct and unmistakable that they at once proclaim their condition. It is not to such our arguments apply, even though they are involved in the issue. Admit the principle which daily practice affirms, that as a matter of business prudence, if not of professional necessity, it is desirable—we assume no higher ground—that the opinion of the habitual medical attendant be obtained either to explain, suggest, or confirm the impression of the Company's officer. It is so obtained that the Company, as a Company, may benefit by such professional advice thus acquired. It is for the protection of the Company the opinion is sought, and therefore for every practical purpose the professional man giving such opinion is to that extent the servant of such Company. On what grounds, then, should any Company repudiate the recognition of services so rendered, and deny the claims of their casual while they recognise those of their permanent officer? There is but one reason, and it is as unworthy as it is untenable. It rests in the fact that Companies know that each one seeking to effect an insurance has some particular object in doing so. They believe that the habitual medical attendants of those making application for such a purpose are, with rare exceptions, honourable men, and that under whatever circumstances they give the required certificates, when they do give them, they are to be relied on, and therefore they pursue the apparently paradoxical course of inviting a confidence against the insurer, and yet expecting him to procure and pay for an opinion, it may be, adverse to the object that he seeks to accomplish. Independently of the absurdity of such a course on the ground of commercial policy, it cannot be vindicated on any just appreciation of its merits. And yet a few years since the practice was universal. The principle and interest of professional men were then brought into perpetual conflict. The evil became an oppressive one as the practice of Insurance extended, until at length it found expression in our pages, and we had hoped received its proper settlement. To our surprise we learn that while most respectable Offices place their casual consultant in an independent position, there are a few so unmindful of their own interest and of the medical man's just claims that they adhere to the old system. To such Companies we suggest an inquiry into the causes of the prosperity of their rivals. We are satisfied the result of their investigation will convince them that services to be effective must be independent, and that there are occasions when, reversing the ordinary principle of economics, a guinea spent is a guinea saved. It is now full time that questions of this nature be finally settled, that a recognised principle of action be adopted, and that every impediment to fair competition on the part of commercial bodies be removed so far as a uniformity of practice in matters of this character extends. We believe we have only to direct attention to the question to induce the acquiescence of all respectable Companies in an arrangement as politic as it is just.

In thus again urging upon Assurance Companies a course which, while conducive to their own interests, is just to medical practitioners, we renew arguments we have formerly set forth and used with a large amount of success. We feel considerable satisfaction in reviewing the progress the question has made since its discussion was first entered upon in this journal. This progress is mainly due to the confidence and co-operation we have received from the profession. When, many years ago, the subject was broached by us, no Company paid the medical referee of the applicant for assurance. His certificate, without which it would have been unsafe for them to grant a policy, was by the applicant regarded as a friendly communication, and by the Company as a necessary one for which it did not lie with them to pay. Between both, the medical man was unremunerated, and many thousands of pounds each year were most unjustly withheld from the profession. Having strong views on the matter, we communicated them to our brethren. They gave us their confidence in attending to our suggestions, and what is the result? Nearly ONE HUNDRED offices in the largest business have acknowledged the justice of our demands. If one hundred, why not all? Is it because we or our brethren, believing that there would be a universal adoption of that to which so many had acceded, have relaxed our efforts? It may be that we have apparently done so. Again we direct attention to the matter. There is, however, now no necessity for our informing medical practitioners in whose hands lies the remedy. With so many respectable Offices whose business is conducted on the sound basis of commercial honesty and of integrity towards our profession, the medical man who permits or advises his friends to place their interests in the administration of those Offices which act otherwise, to our mind will

imperfectly discharge the duty he owes to society as well as to himself.

We publish at p. 253 a revised list of Offices which have subscribed to the movement.

OUR correspondent, "A Line Officer of Fifty Years' Service," in his thoughtful and suggestive letter which we recently published,* alluding to the unsatisfactory condition of the Army Medical Department, asks, "Has a Secretary of State for War the power to issue any 'direction' affecting any branch of the service which shall supersede Her Majesty's Regulations?" and he pertinently adds, "This very important legal question concerns the whole Army."

Now there is no proceeding which can effect greater moral harm, and none which is more antagonistic to the maintenance of proper discipline, than to ignore the provisions of a Warrant, framed especially with a view to improve the condition, and establish indisputably the status, of a large and important class of officers, through the mere prejudice or caprice of the Minister at War for the time being, or his subordinate colleague, the Commander-in-Chief. It must be recollected, that when a Royal Warrant, "given at our Court of St. James's," is published, those who read its paragraphs always believe that they are carefully framed, and have been thoughtfully considered, and that every single provision therein stated will be thoroughly acted up to, according to the expression of Her Majesty's will and pleasure. Let us, therefore, examine more particularly the wording of the commencement of the Warrant, dated 1st of October, 1858, regulating the rank, pay, promotion, and retirement of Army medical officers. "Our will and pleasure is, that from and after the date of this Warrant, the following rules shall be established for the future admission, promotion, and retirement, and the pay, half-pay, relative rank, and allowances of the medical officers of our Army, and that *by these rules* our Commander-in-Chief *shall govern himself*," &c.; and it may be observed, that in no part of this document is either the Secretary of State for War or the Commander-in-Chief allowed to suspend or alter the gracious intent of the Warrant. Yet we know that, in defiance of the very words of our Sovereign, the Commander-in-Chief has been permitted from time to time to suspend his compliance with this or that paragraph; that some of the provisions of the Warrant have been altogether ignored; that the intention conveyed throughout the document as to the rank of medical officers (and relative advantages that rank conferred) has been contemptuously set aside, and that in very few respects has the Warrant been permitted to work in its integrity. We cannot but think the time has fairly arrived when this question should be brought before Parliament, and we hope it will be finally settled that in no instance shall the Commander-in-Chief be allowed, by his simple will, to suspend the regulations of a Royal Warrant, or, by collusion, attempt to thwart the express intention of the Sovereign. Such tampering with a document issued with all the authority of the Crown we believe to be in the highest degree illegal, while there is no doubt that it is disrespectful and insubordinate, since the Commander-in-Chief is distinctly and clearly told, that "from and after the date of publication of the Warrant, certain rules are established, and he is thereby to govern himself."

* THE LANCET, January 31st, 1863.

We do not wonder at our professional brethren in the Army being grievously dissatisfied with their position. Complaints on all sides reach us that they are not supported by their departmental chief. Those who are veterans in the medical service tell us that at no period within their recollection was the Department at so low an ebb. Everything has been done in the way of regulation to establish the sufficiency of the education and attainments of medical candidates; nothing has been done to ensure that they will receive justice and fair treatment from the authorities *when once they have entered the service.* Those adventurous spirits who now solicit entrance must be men who are buoyed up with false hopes; for if any candidate will take the trouble to reflect that there are 650 assistant-surgeons already in the service, and that steps go at about twenty a year, he will see that the Medical Department of the Army is not the calling which will render him remuneration nearly adequate to that which he could surely obtain in civil life.

Since the present Director-General has held office, the Medical Department has suffered severe discouragement. In Mr. ALEXANDER'S day it was recognised throughout all ranks that no medical officer who got into official trouble would ever be allowed to suffer injustice from the military authorities if the Head of the Department could exercise control in the matter. But the case is far different now; and it is sufficiently notorious, even to many unconnected with the Army, that medical officers, in the numerous instances of antagonism with the executive—which, in spite of the great discretion exercised, will somehow occur—do not get support or obtain thorough redress from the present Director-General. We are not about to repeat individual instances of harshness which have come to our notice; but we think that in many respects Dr. GIBSON has initiated a course of action, new to the Department, which works with considerable injustice.

For instance, if the surgeon or assistant-surgeon of a regiment serving in India has to come home on sick leave, instead of being able to negotiate an exchange like any combatant officer, he is required by the Director General to go on the medical staff of the forces, should he be unable forthwith to join his corps. Now if the officer in question belong either to the cavalry or artillery, this is a cruel measure; for he then loses the whole of the capital which he has sunk in joining an expensive corps, and which, had he been (as heretofore) allowed to effect an exchange, would have been partially returned to him;—this measure being the more unnecessary, as the public is in no degree a gainer by the transaction.

Again, complaints of the manner in which the Director-General yields to Horse-Guards' pressure seem to us very reasonable, as several promotions under his auspices have been made which are not justified on the ground of seniority; while the case of Staff Assistant-Surgeon BECHER, who, it will be remembered (after serving for several years in a lucrative civil capacity), was suddenly commissioned, and placed over the heads of 460 assistant-surgeons, is beyond excuse, and has added vastly to the unpopularity of, and want of confidence in, Dr. GIBSON, which the Department feels and does not hesitate to express.

The condition of the Army Medical Department at the present moment is simply deplorable. It is much below its strength. At the last competitive examination there were fewer candidates than appointments to be filled; and we have reason

to believe that at the forthcoming examination, which is to take place next week at Chelsea, the number of candidates who will present themselves for the honour of entering the medical service will be found to be *less than one-third of the number urgently required* to fill the various vacancies now existing in India and other foreign stations. Amongst the seniors there is wide dissatisfaction; amongst the juniors in the Department there is no hope. Until the arbitrary injustice which is exhibited towards medical officers is firmly repressed; until the Department can be administered with some consideration for the rights and privileges of its members; until the prejudiced officials at the Horse Guards shall be forced to admit that the same measure of good faith freely accorded to the combatant shall be afforded to the medical officer,—we certainly shall refrain from advising any young medical man who has a jot of self-respect, or the least desire for the dignity and honour of the profession, to enter the medical service of the Army.

Already we hear that the class of candidates who came forward on the last few occasions were by no means so well qualified as the examiners anticipated, and that not a single first-class student has recently gone up. Into such disfavour has the Army Medical Department fallen! All ranks are discontented. Seniors only waiting to retire; juniors disgusted, and with no prospect of promotion; candidates insufficient in point of numbers, and—we reluctantly add—scarcely qualified by attainment to fill the requisite posts. Such is the Department over which Dr. GIBSON presides! What it *was* prior to his accession to office we recently explained.

We hope, in the interests of the public, some independent member of Parliament will take up this subject. The welfare of the soldier—indeed it is no exaggeration to say the very existence of the Army—is at stake in the matter. Meanwhile, and until thorough redress is accorded to the Medical Department, we do not think that the students at our large hospitals and medical colleges could do better than hold meetings, and publicly announce their resolve not to enter the Army Medical Service until the Warrant of 1858 is carried out in the fullest manner, and the prospects of the junior members considerably improved.

IN the House of Commons on Monday night, the 23rd inst., the memorable case of HALL *v.* SEMPLE was brought under the notice of the Home Secretary, when the following proceedings took place:—

"On the motion for going into Committee of Supply,

"Mr. BUTT called attention to the recent case of 'Hall *v.* Semple' in the Court of Queen's Bench, in which he said it was clearly proved that, under a certificate signed by two doctors, a perfectly sane man might be confined in a lunatic asylum, and asked the Home Secretary whether it was his intention to propose any alteration in the law relating to certificates required in cases of alleged insanity.

"Sir G. GREY said he had communicated with the Commissioners in Lunacy on the case of 'Hall *v.* Semple,' asking them whether in their opinion the evidence given on the trial suggested the necessity of any change in the law. They replied in the negative, and the fact was that the law was not observed in the case in question, because the certificate on the face of it was irregular; and if the proprietor of the house to which Mr. Hall was taken had examined it, as he should have done, before admitting the alleged lunatic into his asylum, the case would not have occurred. The Commissioners thought the keeper of the asylum had been guilty of culpable neglect, and they had addressed a circular to all the proprietors of private asylums, calling their attention to the irregularity which had taken place. He hoped that the proceedings in the case of 'Hall *v.* Semple,' and the measures taken by the Commissioners, would prevent the repetition of any such occurrence."

We stated at the time of the trial that we were clearly of opinion that as one of the certificates forwarded to Mr. ELLIOT, the keeper of Munster House, Fulham, in the case of HALL, was informal, Mr. ELLIOT was not justified in receiving the alleged lunatic into his custody. Indeed, his detention was illegal. Suppose the case had been that of a criminal for whose detention an informal warrant had been issued by a magistrate, the governor of a prison would have been liable to an action for false imprisonment if he had acted upon it. This is precisely the case when a lunatic is the person more immediately concerned. It may, then, fairly be asked, How was it that the Commissioners in Lunacy, being cognisant of the fact that the keeper of the asylum had been guilty of culpable neglect, did not place themselves between the prosecution and Dr. SEMPLE, to shelter him from the consequences of a prosecution, the burden of which he had no right to bear. His certificate was in perfect accordance with the Act of Parliament; and as it was given in good faith, we think it will be generally acknowledged that he was entitled to the support of the Commissioners. The law as it at present stands offers a sufficient safeguard to the public, and, as the Home Secretary states, requires no alteration. Sir GEORGE GREY asserts that if the certificates had been properly examined by the keeper of the asylum, the case of HALL *v.* SEMPLE would not have occurred. Such being the fact, Dr. SEMPLE appears to have been subjected to unmerited prosecution and loss. The Commissioners acknowledge, if there is any meaning in words, that they were negligent of their duty in this matter. They have, however, taken steps to prevent the repetition of such an occurrence. It is to be regretted that they did not perceive the necessity of placing the responsibility of Mr. HALL'S incarceration upon the right person. The Commissioners in Lunacy, as a rule, perform their duties with the strictest impartiality; and we notice their late deviation from it with much regret. Medical practitioners have important duties to exercise with respect to lunatics; and when they perform them to the best of their ability, in accordance with the statute, and with *bona fides*, they are certainly entitled to protection.

Medical Annotations.

"Ne quid nimis."

ST. THOMAS'S HOSPITAL AND THE GOVERNORS OF BETHLEHEM.

THE great *quæstio vexata*—Where will St. Thomas's Hospital finally procure a permanent *habitat*? has often changed its aspect, and of late been much discussed both by the public and the profession. The inquiry seems now to have assumed another phase, in consequence of the proposal recently made by the President of that institution to the Governors of Bethlehem. The proposal was to purchase, if it can be so arranged, the latter hospital, and to remove it to a short distance from London, so that the authorities of St. Thomas's may erect their

new structure on its site. This important communication was brought before a Special General Court of the Bethlehem Governors last week for their consideration. The meeting was very numerous, and the discussion which ensued was animated, if not often warm. After a long debate, wherein the advocates for removing Bethlehem Hospital into the country predominated, it was resolved by a very large majority of Governors present that the offer made by the President of St. Thomas's Hospital should be entertained.

This decision was judicious; and if it ultimately lead to removing the Bethlehem insane patients to some rural situation not too far from London, while St. Thomas's Hospital gets located in St. George's Fields, all subsequent inmates of both charities will gain materially in many respects, at the same time that the proposed changes must ensure great public benefits. Few arguments seem necessary to show the eligibility of the spot whereon Bethlehem now stands for erecting a general hospital. Its situation is airy and salubrious; it has an abundant supply of excellent water by means of Artesian wells, and the adjacent garden grounds are sufficiently extensive for convalescent patients. Various roads in the vicinity make it easy of access from the river, the wharfs, crowded factories in Lambeth, and other populous districts to the west or southward; besides which, being near railway stations, few places situated on this side of the Thames appear more eligible for constructing an urban hospital.

On the other hand, no person, however prejudiced, can gravely deny that a lunatic asylum, if surrounded by dingy houses in a thickly-peopled neighbourhood, having no green fields within many miles, and devoid of agreeable prospects in any direction by which even minds diseased are often attracted, is the very worst residence for persons afflicted with mental alienation. Although in advance of the age when Bethlehem was built (about fifty years ago), it is now far behind in various internal arrangements when compared with many asylums lately built both in England and on the continent. This feature was strongly insisted upon by Dr. Webster, one of the governors, who pointed out the decided benefits which would arise from removing lunatics to some quiet place in the country. He further said that he had recently visited Madrid, Copenhagen, Stockholm, and other cities where new buildings are in progress of erection for the insane, which were superior to any in England. Regarding the propriety of placing an asylum away from towns, there do not exist two opinions throughout Europe, the profession being unanimous in recommending an extra-urban locality as best adapted for the cure and treatment of patients labouring under lunacy, especially recent cases.

Should the Governors of Bethlehem Hospital, therefore, decline co-operating with their compeers at St. Thomas's in the good work now proposed, unless there arise insuperable difficulties to bar further progress, the party obstructing will incur a heavy responsibility. The scheme seems altogether so advantageous to both institutions, that it is much to be desired that neither niggardliness in reference to price by either body, nor any antiquated notion as to the assumed advantages or local conveniences of the present building as a receptacle for insane patients, will prove an obstacle to removing Bethlehem into the country. But we anticipate better results from recent discussions—nay, would confidently trust that the ruling authorities of both royal hospitals may soon bring the great question to a satisfactory termination.

On a subsequent occasion we may recur to several points mooted in previous observations; in the meantime, however, it may be briefly remarked, that rumour says the arguments used by one of the governors of Bethlehem present at the late Special Court much contributed towards getting the resolution then proposed finally approved by the meeting. That gentleman, being a member of the medical profession, could speak with more effect than laymen when advocating the removal of Bethlehem to some rural site instead of keeping its lunatic inmates within an overcrowded metropolis. This fact is important at the present moment, for there prevails an unmistakable desire among non-professional subscribers to some charitable institutions to exclude all unpaid medical officers from taking part in the general management of similar establishments. Such narrow-minded views are most erroneous, besides being unjust to physicians and surgeons who give their services gratuitously. If that rule were adopted, its effect would be highly detrimental to any medical charity where so grievous a mistake was committed. Hence, attempts of the kind should ever meet with strenuous resistance from all true friends of benevolence and philanthropy.

RUSSELL VERSUS ADAMS.

THE public meeting on this case took place on Tuesday, as advertised. The attendance was good, including a number of legal and non-professional gentlemen, although we regret to observe that none of the leading members of our profession were present. Mr. W. E. Forster, M.P. for Bradford, presided. The resolutions that were unanimously passed entirely acquit Mr. Adams, and leave him in the estimation of his brethren standing in precisely the same condition as though the trial had not taken place. They have enlisted for him the strongest sympathies, and have removed from him and his family in the future any stigma or stain which might otherwise have been left behind. We might, therefore, leave them, and, in so far as he is concerned, wisely leave them, in all their simplicity and earnestness, before the public; but there are one or two subjects which may properly be mentioned. It is to be regretted that the publication of the judge's summing up, as abridged in the newspapers, conveyed the very opposite meaning to that which he had in his mind, and which the whole speech bears. At the meeting it was brought out that the Chief Baron himself was most dissatisfied, and that, sympathizing with Mr. Adams, and not a little annoyed at the equivocal verdict of the jury, he had offered, through Mr. Lush, the counsel for the defendant, to revise with his own hand the shorthand writer's report of what he had actually said, so that there might remain no doubt respecting the impression which the trial had left on his mind. We have the means of knowing with certainty that that impression was favourable to Mr. Adams. Thus it may be accepted without hesitation that the judge who tried the case holds the same opinion as the gentlemen who in open meeting voted so decided an affirmative to the question put before them.

The second point to which we must allude is painful. For some time past it has been whispered—and we have already referred to this rumour—that an esteemed member of our body, Mr. John Propert, had in some measure, directly or indirectly, lent his support towards the action against Mr. Adams. On Tuesday, the facts connected with these rumours were elicited, when it transpired, from letters publicly read to the meeting by the Chairman, that early in the course of the inquiry a correspondence had taken place between Mr. Adams, his solicitor, and Mr. Propert, which, if we could, we would willingly avoid exhibiting. It is better, however, that the truth should come out fairly; and we therefore state, in as brief terms as possible, that from this correspondence it appears that Mr. Adams, finding that Mr. Propert was in some way sympathizing with the Russells, wrote to him a letter, asking to be heard in his own defence. Afterwards, Mr. Mackrell wrote to Mr. Propert, twice at least, repeating urgently and most respectfully the same request. It is due to Mr. Propert, however, to say that a letter from him was submitted to the meeting, in which he denied, in the most solemn manner, all connexion with the late trial; but, whatever his after-proceedings in this case may have been, his earlier written communications, taken separately, would have led to the conviction that he had interfered. They express a deter-

mination on his side not to hear, which is certainly to be regretted. We have no desire to press the matter unduly; but on his *litera scripta* we unhesitatingly call for explanation. We ask for the evidence on which he rested his convictions when he penned those epistles.

It must be lamented by all the friends of Mr. Propert that one question was not answered at the meeting on Tuesday. Did Mr. Propert's private solicitor conduct the prosecution against Mr. Adams? and if so, upon whose instructions did he act? It is also authoritatively stated that when this case was brought on at the Kingston Assizes, it was postponed on a certificate of Mr. Propert to the ill-health of Mrs. Russell, and that to pay the costs of the day, Mr. Propert subsequently offered his cheque. Is this also false? Mr. Propert has justly earned for himself the respect and gratitude of his professional brethren, and we are most anxious that there should be no blot on the escutcheon of such a man. It was with extreme reluctance that we alluded to the general report that prevailed. It was acting injuriously to the interests of the Medical College. We were inundated with letters on the subject, not from his enemies, but from his friends. He thought it wise to allow the report to remain uncontradicted; but whether true or false, there can be no doubt that the rumour itself is damaging. With the sincere desire of enabling him to place himself right before his professional brethren, we gave him the opportunity of rebutting it. It would be lamentable indeed that from an error in judgment or otherwise the prosperity of the Medical College should suffer. Mr. Propert may justly claim for himself the right of being "the defender of the widows and orphans of medical men;" but he should equally regard himself, by his position, as the upholder of his medical brethren when they are subjected to persecution. Mr. Propert is a man of chivalrous bearing, and we shall be highly gratified by his setting himself right with the profession with respect to his connexion with the Russells.

POST-MORTEM FEES AT INQUESTS.

FROM a recent newspaper report, it appears that the altercations between the resident medical officers of the London Hospital and the coroner for East Middlesex, on the subject of fees for post-mortem examinations, have been unpleasantly renewed. Those gentlemen seem to persist in claiming fees for the performance of post-mortem examinations on persons who die in the hospital, and on whom inquests are held. They have, however, no legal claim. The fees at inquests are governed by the Medical Witnesses Act; and when the late Mr. Wakley introduced that Bill into the House of Commons, he was compelled, in order to carry it through, to make the concession that where patients died in public hospitals no fee should be demanded by the medical officers for making an examination or giving evidence at the inquest. This is no great concession. At such institutions post-mortem inspection is the rule, and such pathological examinations form part of the practical course of education through which house-surgeons pass. These examinations are uniformly unpaid. By this concession the Act was passed, and the result is that some £37,000 per annum are annually paid into the hands of the profession for medical evidence formerly unremunerated.

When these house-surgeons pass out into the world as private practitioners they reap the full benefit of the Act; and while *in statu pupillari* they must be content—at least until the clauses are altered—to abide by its decisions. Certainly, in the present state of the law, the coroner could not safely order payment to a house-surgeon for such services. If, however, there is something to justify Mr. Walthew on this head while the law remains unaltered, his statement that it was necessary to check the very large number of examinations which were utterly useless cannot claim any degree of justification. This is an illustration of the utter incompetence of legal coroners for the position they hold. No doubt, to legal coroners, such examinations convey comparatively little information; and often enough they are so utterly incapable of comprehending the pathological descriptions of the conditions found, that they cannot appreciate the value of an autopsy. Many a legal coroner thinks the accounts of post-mortems a bore. He is rather horrified and disgusted at the unpleasant details which they present; and feels the humiliation incidental to his false position as directing judge, bound to criticize and explain to his jury descriptions which with the greatest difficulty he is himself made imperfectly to understand, and which he is utterly unable to criticize, or to correct by appropriate examination of the medical witness. In nine cases out of ten an inquest without an autopsy is a solemn farce; and it is at once part and proof of the unfitness of lawyers for the office of coroner, that they are quite unable to appreciate the importance of post-mortem appearances, and, feeling the oft-repeated difficulty of estimating the significance of the description of post-mortem changes, are habitually disposed to thrust aside as much as possible this all-important evidence, by which their education does not permit them fully to profit.

MEDICAL SCHOOL, NETLEY.

IT is now officially stated that the principal officers of the staff at Fort Pitt Hospital, Chatham, together with the professors and heads of departments connected with the Army Medical School at that establishment, will leave the garrison and enter on their duties at Netley Hospital during the first week in the ensuing month, immediately after which the entire invalid depôt at St. Mary's Barracks will also move to the same establishment.

As soon as the new arrangements are completed, Chatham will cease to be the station to which troops will be forwarded from all parts of the world for the purpose of being discharged. Under the new system, the vessels arriving from abroad with troops will lie in Southampton Water, near Netley, where, at the expiration of the time appointed for remaining on board, men and invalids will be landed; those not requiring medical or surgical treatment will be at once sent inland to their depôts or forwarded to their homes, while the sick and wounded only will be detained in the hospital, the plan of keeping up what is termed an invalid depôt, as at Chatham, being discontinued.

The intention to convert Fort Pitt into barracks for the reception of officers and troops has, it is understood, been abandoned, and the building will still be retained as an hospital, for which its excellent site eminently fits it. According to present arrangements, it is intended to make Fort Pitt the central hospital for the whole garrison, thus doing away with the necessity of separate hospitals for the Royal Artillery, Royal Engineers, and the Line, as is the case under existing arrangements.

The officers of the staff already named as selected for the new hospital at Netley are—Colonel R. Wilbraham, C.B., Governor; Major J. M. Kennedy, Paymaster; and Captain W. Hawtree, Captain of Orderlies.

SMALL-POX AND MANSLAUGHTER.

IN a recent report by Dr. Lankester on the health of the parish of St. James, that physician referred to the prevalence of small-pox in his district. The extent to which this fatal and loathsome disease prevails is, indeed, disgraceful to our civilization. By the neglect of vaccination, this malady is perpetuated amongst our population; and in England, the birthplace of Jenner, more deaths annually occur from this cause than are recorded in twenty years in countries, such as Denmark, where vaccination is strictly enforced. Twenty-five are registered this week in London alone.

Dr. Lankester made one striking and important observation on this orm of preventable mortality. He remarked that it

was a maxim of the law, that when any person, by the commission of any illegal act or the omission of one legally incumbent on him, was instrumental in another's death, he was liable to be charged with and punished for manslaughter. Now, vaccination is, by law, compulsory; and when, through the neglect of a parent to take this precaution, a child is attacked with small-pox, it would seem to be no strained deduction to assert that such a parent is legally and morally guilty of manslaughter, and should, on public grounds, be punished for the offence.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

PROFESSOR HUXLEY'S LECTURES.

LECTURE I.

PROFESSOR HUXLEY, after making some remarks in reference to the occasion of his first appearance in the theatre as Lecturer on Comparative Anatomy, stated that he would devote his first lecture to illustrating briefly the skeleton of a most magnificent specimen of Glyptodon, just presented to the museum of the Royal College of Surgeons, through the zeal and liberality of Signor Maximo Terrero. The specimen was found in a post-pliocene deposit in the donor's estate on the Rio Salado, in the Argentine republic of South America, in the year 1860. With great trouble and care he got the bones removed and forwarded to England, and having arrived at the College, they were, through the wise decision of the President and Council, given into the hands of Mr. Waterhouse Hawkins, who, with the skill and patience which characterize him, has set up these broken fragments of bones in the beautiful way in which they now appear. Professor Huxley then expressed our indebtedness to Signor Terrero, saying that he had conferred a great boon on the men of science who investigate the subject, having sent to Europe the first very nearly perfect specimen of Glyptodon. The lecturer then proceeded to describe the specimen. It consisted of a nearly whole skeleton, and a part of the carapace. The greater part of the skull was preserved, the posterior part being alone wanting. There were eight trilobed, grooved teeth on each maxilla, and sixteen on the mandibula. The bones of the face were all perfect. The atlas came behind; the axis was anchylosed to one or two cervical vertebræ. Following these was a most remarkable bone, unique in mammalia, named by Professor Huxley the "trivertebral bone." It consisted of a longish bone, with what may be familiarly termed a handle at its superior posterior part. It articulated with the dorsal vertebræ by means of a hinge-joint. Each of its sides presented two deep articular facettes for ribs, fragments of which remained. This trivertebral bone is composed of the last cervical and the first two dorsal vertebræ. Following it came the dorsal vertebræ, thirteen in all, anchylosed and fused together, forming a cylindrical bony tube. The first of these presented two convex articular surfaces, which fitted into the corresponding cavities in the trivertebral bone. Its spinous process was also nearly obsolete, to allow the full play of this bone. The upper surface of these anchylosed dorsal vertebræ was broad, and the spinous processes rose in the median line, all anchylosing together, except the second one, and forming a continuous bony ridge. Two lumbar vertebræ were anchylosed to the sacrum. The sacral region was very long and strong, the broad transverse processes of its inferior part abutting against the large ossa innominata. The ilia were truly enormous, and the tail wanting. The fore and hind limbs were nearly perfect—four toes in front and five behind. Professor Huxley then proceeded to show how, from the characters of the skeleton, he could make out to which part of the animal kingdom the Glyptodon belonged. Its skeleton showed that it was a vertebrated animal. The two occipital condyles, the lower jaw connected directly with the skull through a squamosal element, the absence of a quadrate bone, and many other osteological characters, prove indubitably that it was a mammal; and as such had mammary glands, hot blood with round red corpuscles, or rather free nuclei, a four-chambered heart, and a lesser or greater number of hairs on the surface of its body. The strongly-curved angular part of the lower jaw pronounces it to be a placental mammal; and its enormous fangless teeth, composed only of dentine and cement, deeply grooved (whence its name), place it in the order of Bruta or Edentata—an order composed of sloths, arteaters, armadilloes, and such-like mammals. Professor Huxley then showed how the characters of the feet and of the carapace placed the Glyptodon very near the living armadilloes (*Dasypus*). The carapace was composed of plates, all articulated and anchylosed together; each of these plates, as those of dasypus, consisted of a central and lateral pieces. This carapace, which was enormously thick, was anchylosed to the ridge formed by the spinous processes of the dorsal vertebræ. A most precious fragment had also been found—a spike-like plate belonging to the endoskeleton of the tail. Now, the plates composing the carapace of dasypus are not anchylosed together forming one piece, nor are the dorsal vertebræ fused together, and a trivertebral bone does not exist. Professor Huxley said he could explain its use only in one way, that it enabled the animal to breathe, not only by means of the movements of the diaphragm, but also by those of the ribs; as those on each side of the trivertebral bone were further connected with the sternum, and muscles acting on the handle of this bone through its curious hinge-joint on the fixed dorsal vertebræ would pull it up or down as the case might be, and thus, by its connexion with the first pairs of ribs, enable costal respiration, which seems to have been necessary to the huge unwieldy Glyptodon. Of course, as the dorsal vertebræ were all fixed, the ribs depending from them were so likewise.

Professor Huxley stated that the details on this interesting mammal would be given in a paper he was about to publish.

LECTURE II.

In his second lecture, speaking of Classification, Professor Huxley said that it is an expression of the relations of living beings one to another. There are two kinds of classification: one Morphological, considering the structure of the animal organs; and the other Physiological, which considers the functions of these organs. The first only was taken into consideration; and, before beginning, the lecturer called attention to an important fact: In animals characters are found which always occur together, so that when one of them is met with, it may be inferred with certainty that the others exist. We know not why, but so it is; and this is a general, empirical, morphological law, enabling a naturalist having at his disposal only a part or parts of an animal to tell exactly its proper place in the animal kingdom. This is divided into groups, as we shall see; but these are far from being all true natural divisions, and are for the most part only attempts towards that goal. The sum of these groups includes all animal structures. Professor Huxley left out for the present the larger divisions, and began with the minor groups.

Gregarinidæ.—Extremely simple beings, inhabiting in large numbers the intestines of invertebrate animals, and found in one form also in vertebrate. They may be represented by a sac enclosing a mass of granular protoplasm, in which is a delicate clear vesicle, containing a solid mass (nucleus). It is interesting to note how these animals resemble the ova of other animals. They are devoid of mouths, and live by imbibing the juices contained in the intestines of the animal in which they are present. Their only motion is a kind of contraction. At a certain period two may come together; all movement ceases; a cyst or capsule forms round them, being secreted by the outer surface of the body; (the same may occur with one gregarina.) The nucleus and vesicle then disappear, and the mass breaks up into rounded portions; these soon become metamorphosed into bodies called "pseudo-navicellæ," each of which contains granules of protoplasm; they burst, and, thus free, become amœbiform bodies, which develop themselves into young gregarinæ. But a hiatus here occurs, as we know nothing of the sexual reproduction of gregarinæ; the encysting process corresponding to multiplication by fission.

Rhizopoda.—These animals are as yet imperfectly known; they are even more simple than gregarinæ, and with the microscope nothing can be traced beyond a uniform structureless jelly—no trace of organs. This shows that life is a *cause*, not a *consequence*, of organization; for this gelatinous mass is living, assimilates nourishment, moves, and produces shells of

a most beautiful and complicated structure. This jelly can send out processes ("pseudopodia") in all directions, which sometimes unite and reticulate. They feed by enveloping any small solid particle with which they come in contact with a part of their gelatinous body. They multiply by fission, their sexual reproduction being unknown.

Spongiadæ.—Up to the last few years we were in great obscurity as to the true nature of spongiadæ, but now their being animals is no longer to be doubted. Sponges consist of a horny skeleton, strengthened by spiculæ, calcareous or silíceous; but the essential part is a soft gelatinous substance covering this skeleton, which is perforated in all directions by apertures and canals. Thus a spongilla is composed of a layer of gelatinous substance, with nuclei, spread over the above-described skeleton. Two kinds of apertures perforate this: some (pores), by far the most numerous and the smallest, communicate with large chambers; these give off, inferiorly, canals, which open externally on a prominence. These are the other kind of apertures ("oscula"), and are larger and less numerous. As Dr. Grant observed a long time ago, perpetual currents of water are rushing in at the pores and out at the oscula. N. Lieberkühn discovered that these aquiferous canals were ciliated internally in a peculiar manner, and the water is thus propelled, carrying with it nutritive particles, and, renewing itself constantly, keeps up respiration at the same time. Spongiadæ multiply by fission, and towards the winter spheroidal bodies, with an opening in them, accumulate in the inferior part of a spongilla, for example; these are sponge particles, enclosed in a tough bag. In the spring, the sponge particles come out and gradually assume the adult form. But sexual reproduction has been discovered in sponges. During the summer individual sponge particles become quiescent and assume the form of ova, while other particles develop spermatozoa, and, bursting, these are set free, fecundation ensues, and the ovum develops into a ciliated larva, which swims about free for some time, and then settles down and becomes a fixed adult sponge.

Infusoria are ciliated gelatinous animals. Professor Huxley took as an example a *Paramæcium*. It is a microscopical animal, as all are, and swims by means of vibratile cilia. Its body consists of a structureless cyst, with a gelatinous cortical layer and an internal semi fluid mass. On one part of the cortical layer is a large clear contractile vesicle, which dilates gradually and contracts suddenly; at the moment of systole canals may be seen radiating from it, and there is reason to believe that a communication with the external water exists. On one side of the body is a fissure, the mouth or pharynx, constituting all the digestive canal; it is ciliated, and the cilia produce a constant current of water inwards, carrying down the food. A little water always enters the body with each bolus of this, giving the appearance of so many vesicular stomachs; hence Ehrenberg's Polygastrica, which include, however, many other organic forms. In another part of the cortical layer is an oval nucleus, and on it a rounded nucleolus. Both have been unfortunately named, for Stein, Balbiani, Carpenter, and others have lately found that the nucleolus is the testis, and that it increases in size and breaks up into spermatozoa; the nucleus is the ovary, and forms the ova; but as yet the development of infusoria has not been well traced out. Asexual reproduction also takes place in allied genera by fission. The lecturer then stated that, leaving this group, a very important step was made in advance.

Hydrozoa are marine and freshwater polyps; they constitute a very large group, and vary much in form, while the utmost uniformity prevails in their more striking characters. Here for the first time a definite histological structure exists; the whole substance of the bodies of Hydrozoa has a cellular structure, and two distinct cellular layers always exist, the "ectoderm" and the "endoderm;" the first corresponds with the epidermis, and the second with the mucous membrane, of higher animals. The digestive canal communicates freely with the perivisceral or somatic cavity, and all cavities and organs open into this; the digestive sac has thus no distinct walls. The reproductive organs are always external, and processes of the ectoderm and endoderm.

LECTURE III.

In his third lecture, Professor Huxley resumed the subject of the preceding lecture, describing group after group of the animal kingdom.

Actinozoa are all marine animals; they all have the walls of the digestive sac separated from the perivisceral cavity by a space divided into partitions by vertical mesenteries, on the upper part of whose faces the reproductive organs are situated, being thus internal. The Actiniæ, Ctenophora or Beroidæ, and others, belong to this group, some of which are sedentary, and others free-swimming animals. In Actinozoa the first rudiments of a nervous system have been traced. Some develop a skeleton of calcareous spiculæ; some have simple, others compound bodies.

Polyzoa include freshwater and marine animals, which have been mistaken for polyps; they have a single nervous ganglion, no heart, and the mouth always surrounded by a circle of richly ciliated tentacles. This is characteristic of Polyzoa; they are compound animals, and have an endoskeleton, sometimes very complex. Their mouth leads into a gullet, and thence into a stomach; the intestine terminates in the anus, very near the mouth. Their reproduction is sexual, and also asexual by gemmation. The beautiful Cristatella and Plumatella belong to this group.

Ascidioida.—These, said the lecturer, are very singular marine animals. Their body may be simple or compound; all have a cartilaginous layer or tunic (hence their name of Tunicata) enveloping it, and, singularly enough, this tunic is hardened by true cellulose—an unparalleled and strangely anomalous fact in the animal kingdom. On the anterior part of the body are two apertures: one is the mouth, and dilates immediately into an enormous pharynx, quite characteristic of Ascidioida, perforated by a greater or lesser number of apertures disposed in rows; a short gullet then leads into the stomach; and the intestine, with a strong hæmal flexure—that is, bending towards the heart—terminates by the anus in a large cavity, the atrium, which communicates externally by the aperture near the mouth. A small tubular contractile heart is placed opposite the flexure of the intestine. Respiration takes place by means of a constant current of water going in at the mouth, passing through the pharyngeal apertures, aërating the blood, and passing out at the atrial aperture. The reproductive organs are in or near the atrium. Ascidioida are generally hermaphrodites; some undergo metamorphoses.

Brachiopoda.—Professor Huxley stated that these are marine animals, with a calcareous shell or test, in shape like a classical lamp, it having two valves, one dorsal and the other ventral; some have a peduncle. The *Terebratulidæ*, *Rhynconellidæ*, *Linguladæ*, and many others, belong to this group. The two valves have very little motion; the body is enveloped in a mantle or pallium; the mouth leads into a short gullet and stomach; the intestine has a neural flexure, being bent towards the principal ganglion, which is single, sending off nervous filaments. A most striking character of Brachiopoda consists in their long, spirally-bent, ciliated arms. A curious organ near the mouth opens externally and internally by a wide, cup-like aperture. This was originally supposed to be the heart, but it is not, and of the true vascular system nothing positive is yet known. The reproductive organs of Brachiopoda are developed in sinuses of the pallium.

Lamellibranchiata.—These are marine and freshwater molluska, having generally a bivalve shell; some, however, secrete accessory valves, and others calcareous tubes. The body is enveloped in a cloak or pallium, which secretes the shell; in the middle of the body is a muscular locomotive organ, or foot. They breathe through branchi; the mouth, situated on the anterior surface of the body, has lips; the gullet leads into the stomach; and the intestine, making a great bend, terminates in the anus posteriorly. The liver is large; the heart, enclosed in a pericardium, and sometimes wrapped round the intestine, is chambered; the vascular system ramifies over the body. The nervous system in Lamellibranchs consists of three pairs of principal ganglia—the cerebral, the pedal, and the parieto splanchnic pairs. The organs of sense are generally very rudimentary. The reproductive organs are placed round the intestine; the young undergo curious metamorphoses not well known. Freshwater Muscles, Pectens, Cardiums, and many others are Lamellibranchiata. Professor Huxley then proceeded to speak about

Branchiogasteropoda.—He stated that this and all the following groups of mollusks are characterized by having what is commonly termed a tongue, being a narrow ribbon bearing teeth, which vary extremely in form; this is pulled backwards and forwards by muscles on cushions of cartilage, and acts as a chain saw; it is used for feeding. Branchiogasteropoda have univalve shells. Cyprææ, Conus, Voluta, Buccinum, and many others, belong to this group. Many have an operculum attached to the foot; the head is distinct, and a pallium, very thin posteriorly, envelopes the body. Some have a long proboscis. The head may be tentaculated. The mouth is placed at the extremity of the proboscis, and the gullet leads into a

crop-like dilatation, ending at the stomach. The intestine has a hæmal flexure, and ends in the anus. The heart is chambered. Respiration is carried on by branchiæ, as all these animals are aquatic. The nervous system, as in Lamellibranchs, consists in three pairs of ganglia, united by commissures. Branchiogasteropoda are dioecious; their development is very peculiar.

Pulmogasteropoda are constructed much on the same plan as the Branchiogasteropoda, but are all terrestrial, and respire through pulmonary sacs. Their intestine has a neural flexure. They are hermaphrodites, and their reproductive organs are very complex. All land-snails belong to this group.

Pteropoda.—Mostly small oceanic free-swimming mollusks, as Clio, Cleodora, Criseis, Spirialis, &c. They are all monoecious; have an intestine with a neural flexure, and a very rudimentary head. Their foot is remarkably modified; the two lateral parts or lobes are greatly produced and expanded, and the animal progresses by flapping them, flying, as it were, on the surface of the ocean. Some have very thin and delicate shells. The Clio are naked forms, and occur in vast numbers in the Arctic seas, forming the principal food of the great Cetaceans.

Cephalopoda.—All have a large distinct head, surrounded by large and long tentacles, covered with suckers on their inferior surface; in the midst of these tentacles is the mouth, provided with a horny parrot-like bill and fleshy lips. The eyes are very large, and the pallium round the neck, as it may be called, forms the funnel. They are all marine; respiration is branchial; the anus opens into the pallial chamber, in which are situated the reproductive organs. Cephalopoda are dioecious. The nervous system is highly developed, and very complex, enclosed in a cartilaginous skeleton. Their intestine has a hæmal flexure. Some, as the Nautilus and Argonaut, have beautiful shells.

RUSSELL *VERSUS* ADAMS.

A PUBLIC MEETING was held in Freemasons' Hall on Tuesday last, for the purpose of sympathizing with Mr. Adams in reference to the recent trial for breach of promise of marriage, in which that gentleman was defendant. The meeting was numerously attended, a large majority of the assembly consisting of medical men. The chair was taken by W. E. Forster, Esq., M.P.

In opening the proceedings, the CHAIRMAN said the meeting was well aware of the object for which it was assembled. A few days ago a charge was brought in a civil court against a man of eminence in his profession, whose character until that time stood without stain. It was a charge, virtually, of a criminal character, a charge that he had made use of his position as a medical man to gratify his passions—as serious a charge of crime as could possibly be brought against any man. The trial proceeded for three days, and he ventured to state that ninety-nine persons out of one hundred who were present, or who read the reports of the proceedings, came to the conclusion that the verdict must certainly be for the defendant. The result, however, was a very extraordinary one. He (the Chairman) did not wish to find fault with the great institution which was said to be the protection of our liberties—the British jury—but if the British juryman did protect our liberties, he was sometimes a rather eccentric protector. Ninety-nine men out of one hundred had formed a very decided opinion of the case in favour of the defendant, but it probably happened that the hundredth man was upon the jury, and they all knew the result of one person differing from the others upon a jury: it often led to a compromise, as it appeared to have done in the present case, legally acquitting Mr. Adams, leaving him without any legal penalty attaching to his conduct, and giving him costs, but certainly not clearing him before the public as he and his friends thought he ought to be cleared. There had been a subsequent sifting of the case by public opinion, by the press—especially by the medical press—and the result of that trial had been still more conclusive than that of the trial before the jury, it being no less than an unqualified and conclusive acquittal. Such a meeting as the present, therefore, was hardly necessary in order to declare that such was the verdict of public opinion, for no one would now venture to dispute that Mr. Adams was entirely above suspicion; that not only was there no foundation for the charge brought against him, but that the only opportunity given for the charge was Mr. Adams' own kindness and benevolence; that there would never have been any possibility of the charge being brought against him if he had not been more than usually benevolent. And yet, perhaps, he ought not to say "more than usually benevolent," because every one knew the exceeding kindness of members of the medical profession towards their patients, and the benevolent spirit they often manifested towards those who were in needy circumstances. Under these circumstances, it was the duty of Mr. Adams' friends, and the members of his profession generally, to rally round him and declare that his conduct was without suspicion. But not the members of his own profession only, but society generally, were interested in the subject. A false charge might be brought against any man, whatever his position, and every such man ought to feel that he had the support of those whom he esteemed, and on whose good opinion he was more or less dependent. The position of a medical man, however, was peculiar. He was taken into the family as a friend, and it would be a most injurious thing to society generally if the effect of the recent trial should be to make a medical man feel, when he came into the house of his patient, that he must act upon self-defence, and be always weighing every action and word as if advantage were to be taken of it. If Mr. Adams had really been guilty, notwithstanding his abilities his fellow medical men would not have failed to show their disapproval of his conduct, just as, being innocent, they were determined to manifest their approval. He believed the public would view the case in a similar light. There was another reason why the present meeting should be called to sympathize with Mr. Adams. They all knew that crime was infectious, and there might be a danger of this case being followed by similar ones, if the public did not know how utterly they were condemned. That was a question which would be gone into by other speakers, some of whom would, no doubt, express their belief that steps ought to be taken to alter the law with regard to cases of that description. No alteration, however, in the law would obviate the necessity of a strong expression of public feeling, or make such an expression cease to be the best means of setting a gentleman's character right before his fellow-countrymen. He was glad, therefore, that the medical men had assembled in such large numbers for that purpose, and he had no doubt that a most satisfactory result would be attained.

Dr. LANKESTER moved the first resolution:—"That all classes of society are interested in supporting those who incur great trouble, annoyance, and expense by resisting and exposing any attempt to injure their character by false charges." Mr. Adams, he said, had been charged before a jury of his countrymen with committing what the Chairman had properly called a crime against the usages of morality and of society. He was a man, as they all knew, distinguished by the singular zeal and devotedness with which he had cultivated the department of his profession which he more especially practised. There were few men who had known William Adams, who did not know that he was enthusiastic in his professional occupations—that he not only pursued his profession with zeal and earnestness, but with a sincere desire to do what lay in him for the benefit of those who were placed under his charge. Mr. Adams did not come forward in the case as some obscure medical man, but as one who had been before his professional brethren for years, one who had been a public teacher, and had contributed to the literature of his profession, whose works were valued by his profession on account of their original research, and their clear style of elucidating the matters to which he devoted himself. Like many other members of his profession, he had given his gratuitous services to a public hospital, and the public should know how large a proportion of the charitable institutions established for the welfare of the human body were worked gratuitously by members of the medical profession. It was most cruel, therefore, that an attack of this kind should be made upon a member of the profession through the very charitable exertions which he had been making; for the plaintiffs had been actually patients of the Orthopædic Hospital. The medical profession had a claim upon the gratitude of society, and it was hardly possible to exaggerate the baseness of those who would take advantage of that benevolence to endeavour to extort money, and in other ways to annoy and disturb the peace of mind of those to whom society was so deeply indebted. The public was greatly interested in this question, and he hoped their legal friends would put forward some plan by which there might be some previous investigation or some subsequent restitution, by which cases of that description might be made to appear in their true light. Before sitting down, he wished to make an observation to the members of his own profession. Let this case be a warning to them not to rush into courts of law with one another, or attempt to

injure one another's character. They did not come before the public with perfectly clean hands; for courts of law had occasionally witnessed one set of medical men ranged against another, actuated by private animosity, which ought never to exist among members of any profession. He hoped that these cases would bind them more and more together, and lead to the cultivation of that spirit of charity amongst themselves which would induce them to overlook each other's failings, and put the best construction upon each other's conduct.

Dr. ROGERS seconded the resolution. He said he believed if one could go through the medical profession in London and the provinces, and every member would honestly and quietly tell his own individual grievances, it would be found that unfounded charges of this kind had been made, and perhaps hushed up under the fear of possible ruin, to a much larger extent than had been even imagined. Dr. Rogers then referred to the late case of Mr. Pierpoint, in which a verdict was obtained for the defendant; but he had to pay his own costs. He also referred to charges brought against other medical practitioners with the view of extorting money; spoke with much severity of the conduct of Mrs. Russell and her daughter; and concluded by urging on the meeting the importance of establishing an association for the protection of medical men against these charges. In the course of his remarks, Dr. Rogers made an attack on a juryman in the case of Russell *v.* Adams, whom he characterized as an "Irishman," accompanied by epithets no way complimentary to the nation.

Mr. H. H. CANNAN proposed the next resolution:—"That a careful consideration of the charge of the judge, and of the evidence adduced in the case of Russell *v.* Adams, should have led to an unqualified verdict for the defendant." As a near relative of Mr. Adams, and intimately acquainted with him, he was in a position to speak of his private character. He then passed a high eulogium on Mr. Adams in all his relations of life, either as a father and husband or a friend. He spoke in strong terms of condemnation of the "conspiracy" which had been formed against him, and characterized the evidence and the summing up of the judge as tending only to one conclusion—the perfect innocence of Mr. Adams, who would have the sympathy, not only of his friends, but of the public.

Dr. RICHARDSON seconded the motion. He said he had heard all the evidence and the summing up of the learned judge. Dr. Richardson then took an able review of the evidence, and was convinced it was perfectly exculpatory of Mr. Adams in every way. A letter had been received from Mr. Lush on the subject, which, conveying as it did by implication the opinion of the Lord Chief Baron himself, was of great importance, and would be heard with interest by the meeting:—

"My dear Sir,—Pardon my delay in answering your kind favour, for which I thank you heartily. I can truly say that I never was engaged in a case which gave me more anxiety, because I felt convinced that you were the victim of a foul conspiracy. It is a great comfort to me to know that my client is satisfied, and that I did my best. There is, as far as I can learn, but one opinion in and out of Court as to the injustice done to you. Notwithstanding the inaccuracy and clumsiness of the report in *The Times*, the case as reported impressed every one whom I have heard express an opinion on the subject with the conviction that the verdict ought to have been entirely in your favour. I wished to know from the Chief Baron, before I advised you what to do, what his views were. I saw him yesterday. He complains, as I do, of the report of the summing up, and of the great injustice done to yourself by it; and when I told him that I meant to advise you to publish the shorthand writer's authentic report *in extenso*, he at once said he hoped you would do so, and that he would revise it himself, if I wished it, before it went to press. I rejoice to find that the medical body will take up the case. I have told more than one of that body that they ought to do so. I hope you will not, and I do not think you can, permanently suffer from this most unaccountable verdict."

The resolution was carried unanimously.

Mr. W. L. LEAF proposed the next resolution, which was as follows:—"That this meeting offers to Mr. Adams a vote of thanks for his manly conduct in courting the fullest public investigation into his conduct; expressing deep regret at the annoyance to which he has been subjected, and firm conviction that there was nothing in his behaviour which gave the slightest ground for any charge against him."

Mr. SPENCER WELLS seconded the resolution, and animadverted on the method of opening the plaintiff's case adopted by Serjeant Shee. The position, he said, of medical men laid them peculiarly open to the designs of intriguing persons; and hence the necessity of a strong expression of public opinion in order to check a practice which would lead to a feeling of want of confidence between the medical man and his patient that would be most detrimental to society.

Mr. W. JONES, as a member of the legal profession, desired to defend the character of Serjeant Shee, and said he believed that gentleman—than whom a more honourable advocate did not exist—would not have misled the jury had he not been himself misled.

Dr. W. WOOD stated that nearly twenty years ago, in consequence of a begging letter, he made the acquaintance of Mrs. Russell, who represented herself as the widow of a medical man, having a child then about four years of age. He did what he could to relieve her necessities, and afterwards lost sight of her. He (Dr. Wood) could figure to himself many occasions when he might easily have been placed in the same position as Mr. Adams. He therefore felt the deepest sympathy for that gentleman, who had been dragged before the public, and obliged to defend himself against a charge of the most monstrous character. There were many circumstances in which it was impossible for a man to defend himself against a charge of that description; a man could not prove the negative, and could not defend himself against a charge which a family might make against him except by referring to his own reputation and character. It was therefore the duty of the profession to express their sympathy with Mr. Adams, and to take some steps by which they might be able to defend one another from the attacks of designing persons.

Dr. O'CONNOR said it was rumoured that a gentleman connected with the medical profession had lent himself to the attack upon Mr. Adams, and that there was some correspondence with reference to the first steps of the prosecution, which, if read, would throw a light upon that question.

The CHAIRMAN said there was such a correspondence as that to which Dr. O'Connor referred, but he thought it was hardly advisable to read it to the meeting. He would, however, take the opinion of the meeting on the subject.

A show of hands was then taken, which was largely in favour of the correspondence being read.

The CHAIRMAN said the first letter was from Mr. Adams to Mr. Propert, dated December 23rd, 1861.

5, Henrietta-street, Cavendish-square, Dec. 23, 1861.

MY DEAR MR. PROPERT,—I have had a letter forwarded to me by Mr. Toynbee from a Mrs. Russell, who has for the third time applied to the Medical Benevolent Fund for assistance, and your name is made use of as a referee.

Fearing that, like myself, you may have been deceived by the plausible tales and touching appeals made up by these people, the Russells, I send you a few lines to say that beyond all doubt they are thorough impostors, and I enclose a copy of a letter to Mr. Toynbee, in which your name is made use of also, in copy of my reply to Mr. Toynbee's note to me, requesting information respecting this case.

When I believed in the tales told by Mrs. Russell and her daughter, and heard of their distress, I not only assisted them with money, but sent them to Mr. Toynbee, who obtained one grant of £5 for them.

Very judiciously, however, the Secretary of the Fund made independent inquiries, and if I had only known the result of these inquiries, it would have saved me both money and annoyance; but in the last report, recently issued, Case 42, you will see the statement—"Visited, and believed to be a begging-letter writer, and deemed unworthy of credit." This refers to Mrs. Russell, whose name is abbreviated.

The Russells constantly speak of their friend Dr. Hawkins, whom they represented to me as Dr. F. Hawkins, of London; and, indeed, it was very much through seeing a letter signed Hawkins that I was induced to place any confidence in Mrs. Russell. It now seems that this was Dr. J. V. Hawkins, of Lynn, to whom I intend to write.

I shall be happy to give you further information respecting these Russells if you require it.

Very faithfully yours,

J. Propert, Esq. WM. ADAMS.

6, New Cavendish-street, Dec. 24th, 1861.

DEAR SIR,—I have perused your letter and enclosures, which have rather surprised me, more especially as a tale of a very different character has very recently been placed before me, which I cannot conceal from you made my hair stand on end; and as from a sort of common consent I am in some measure looked upon as the friend and protector of medical men's widows, I was on the point of placing the whole of the case for investigation in the hands of my solicitor, but intended to-day (previous to calling upon him) to see you and learn something

respecting your acquaintance with the widow Russell and her lovely daughter; and I must confess that the unmeasured terms you have poured out your wrathful indignation against them has (pardon me for saying so) roused my suspicion greatly. Glad indeed shall I feel to find that the tale is unfounded, when it has been properly investigated.

I remain, dear Sir, very truly yours,

Wm. Adams, Esq. JOHN PROPERT.

34, Cannon-street, Dec. 30th, 1861.

SIR,—My client, Mr. Adams, has forwarded to me your letter to him, and instructed me to afford you any information in my power which may assist you or your solicitor in the investigation which you state it to be your intention to make. I may perhaps be permitted to say, that so far as I am acquainted with any charge advanced against him by either Mrs. or Miss Russell, it is wholly without foundation, and that I have no doubt of being able to substantiate what I say, should the necessity arise.

I am your obedient servant,

John Propert, Esq. JOHN MACKRELL.

6, New Cavendish-street, Jan. 1st, 1862.

SIR,—In answer to your communication I beg to say, that I feel obliged to you and your client for your generous and disinterested offer! I have every confidence in my solicitor that he will be able to conduct matters satisfactorily. Glad indeed shall I feel, for the honour of our noble profession, should a jury coincide with you in opinion.

I remain, Sir, your obedient servant,

J. Mackrell, Esq. JOHN PROPERT.

34, Cannon-street West, Jan. 18th, 1862.

(*Re* Mrs. EMILY RUSSELL).

SIR,—I shall be obliged by your giving me an appointment to see you, to lay before you information which has been furnished me herein, and I shall be happy to meet your solicitor also if you wish it.

I am, yours faithfully,

J. Propert, Esq. JNO. MACKRELL.

6, New Cavendish-street, Jan. 18th, 1862.

SIR,—I hasten to acknowledge your letter this morning received, and to say, that I am compelled reluctantly to decline the honour of a visit from you, as, whatever you may have to say against Miss Russell will have a better effect, *if true*, before a jury; and for the honour of our profession, I do earnestly hope your client will be able to clear himself, or, more plainly speaking, *not guilty*. At the same time, as a lover of my honoured profession, I should *much* prefer that such an action were never allowed to appear in the Court of Queen's Bench, against an honoured member; but matters now must take their course!

I remain, Sir, your obedient servant,

John Mackrell, Esq. JOHN PROPERT.

34, Cannon-street West, Jan. 22nd, 1862.

SIR,—I have no wish for an interview with you in opposition to the views expressed in your letter of the 18th inst.

I consider, however, that you ought not to have made such use of my letter to you as to entail upon me the scurrilous communication I have received to-day, and of which I think it right to send you a copy.

I am, Sir, your obedient servant,

J. Propert, Esq. JOHN MACKRELL.

6, New Cavendish-street, Feb. 24th, 1863.

MY DEAR CHURCHILL,—I think, after the many years of uninterrupted friendship that has existed between us, you might strain a point to defend the hardworking Welshman—that is, *provided* you should hear it said to-day at the meeting that I had brought the action Russell *v.* Adams—when I say "so help me God" I had nothing to do with it; proceedings had been begun *months* before I ever knew that such people existed in the world as Mrs. Russell and her beautiful daughter, *and that I never contributed or ever promised to contribute one farthing towards the expense of the trial!*

Ever most truly yours,

J. Churchill, Esq. JOHN PROPERT.

Dr. O'CONNOR asked if the solicitor who conducted the prosecution was not the private solicitor of Mr. Propert.

The CHAIRMAN said he could not give any information upon that subject; and thought they had better proceed with the business of the meeting.

Mr. CANNAN said that perhaps some of Mr. Propert's friends would be able to state that Mr. Pike, who conducted the prosecution, was not Mr. Propert's solicitor.

Mr. J. DANGERFIELD moved, "That a petition be presented to Parliament, praying that a committee may be appointed to inquire into the reforms necessary in the present legal procedure; and praying especially that greater facilities may be given for prosecuting persons who make unfounded attacks upon character." He said that, belonging to the profession of the law, he had been asked to look into the nature of the law with regard to charges of this description; and the meeting would be surprised to find that there were some half-a-dozen anomalies of very peculiar character. A threat to make a charge against a person, for the purpose of extorting money, was a criminal offence, and might be punished accordingly; but, curiously enough, when the charge itself was brought, it was not a criminal offence. Again, however artful, designing, and unscrupulous an individual might be, and whatever effort might be made at concocting a charge against an innocent man, unless two persons were engaged in the act, no indictment for conspiracy would lie. So again, with regard to the law of perjury, no indictment for that offence would lie, unless the statement sworn to could be contradicted by two witnesses. Some attempts were made at the trial to give evidence in favour of Mr. Adams, to the effect that charges of a similar nature had been previously made by the Russells, in Wales; the judge, however, could not receive the evidence, because it referred to what was called an immaterial issue. It was also a curious thing that an indictment for perjury would not lie, in respect of a false statement made at a trial, where an immaterial issue was raised. He would say nothing on the subject of a public prosecutor, though there were doubtless many cases in which persons, not having the means possessed by Mr. Adams, would be unable to defend themselves from charges brought against them, and would be glad to avail themselves of a public prosecutor, if such a functionary existed. It was certainly advisable that some alteration should take place in the law, and for this reason he desired to bring before the meeting the resolution he proposed.

Mr. J. CHURCHILL seconded the resolution. The philanthropy of the medical profession, he said, peculiarly exposed it to charges of a scandalous nature, but the recent trial would not be without its good results if it produced a wide-spread feeling that should tell upon the Legislature, and induce it to declare that the law should no longer offer facilities for these unjust and cruel actions, while it threw every impediment in the way of prosecuting those by whom such charges were brought.

Mr. WALTER SMITH referred to the peculiarity of the law in not permitting the plaintiff or defendant to be called, in cases of breach of promise, and the injustice occasionally produced by that state of things. He congratulated Mr. Adams in not having been the defendant in an action for seduction. The reason why he was not was obvious. In such an action, the person seduced was not the plaintiff, and could, therefore, be called to give evidence.

The resolution having been adopted, a vote of thanks was unanimously accorded to the chairman, and the proceedings terminated.

Correspondence.

"Audi alteram partem."

SURGERY OF THE FEDERAL ARMY.

To the Editor of THE LANCET.

SIR,—Having spent my Christmas holidays in visiting the military hospitals of Philadelphia, Washington, and the vicinity of Fredricksburg, I have thought that a short communication relative thereto might be acceptable to some of your numerous readers. Favoured with a letter of introduction from Professor Van Buren, of the University of New York, to Surgeon-General Hammond, of the United States Service, I found the latter gentleman at once urbane and dignified; and while many calls were constantly pressing upon him, not only was he willing, but anxious, to afford me every facility to see the many hospitals in connexion with the service.

With respect to the professional status of the army surgeons, I was told by one of the Board of Examiners that, while the quantity was very great, the quality was deficient. It should, however, be remembered that this gigantic war has come upon

the nation with a suddenness that precluded the possibility of that perfect organization of the medical department, and the establishment of that thoroughly efficient board of examiners, which are so necessary to the welfare of an army engaged in active service. Moreover, very many of the surgeons and assistant-surgeons have been appointed by the different States to regiments sent therefrom, which appointments were in many cases entirely through political favour. The consequences of these evils have been sufficiently apparent. But the present efficient Surgeon-General, with those immediately connected with the department at Washington, are making efforts not only to prevent unworthy persons from entering, but also to rid the service of all incapables who may have gained admission thereto.

A foundation has already been laid at Washington for a most interesting and instructive museum. This is more immediately under the control of Dr. Goulay, formerly of New York, and Demonstrator of Anatomy in the University. The museum consists of dried specimens, principally severe injuries to bones caused by balls which had produced death, or which had been removed by operation—amputation or resection. Material is constantly arriving from all parts of the widely-extended army. The bones, being thoroughly cleaned, are arranged with much skill on wires, so as to show the manner in which the ball had entered, the effects immediately produced, and subsequently the efforts made by Nature to repair the injury. By this means it is clearly demonstrated that the Minié ball is but rarely turned aside by the bone; and that, although the ball is generally much battered, it will pass through even the largest bone, or, if the momentum be not very great, it will bury itself in the osseous tissue. In every instance the bone was seen more or less comminuted, even where the ball had seemingly passed through the bone with considerable force. From looking at these specimens it would appear as if the cone-shaped ball passed into the bone in a wabbling manner, and that thereby great destruction, characteristic of that ball-wound, is accomplished.

I had pointed out to me a large number of specimens where resection of the shoulder-joint had been performed, nearly all of which had been successful. The museum will, undoubtedly, at the close of the war, be, of the kind, the most important in the world.

Steps have already been taken to prepare an elaborate history of the surgery of the war, the time of one whose name I forget being exclusively devoted to it. I found great satisfaction in visiting the hospitals in and about Washington, of which there is a very large number. Many of them have been in churches and other public buildings which were appropriated after the battle of Bull Run. These were fast being emptied, and the patients were being sent to sheds which have been erected for the purpose; they are substantially built, in almost every case well ventilated, and supplied with a good light. I was particularly pleased with the Douglas Hospital, which consists of the fine house in which Senator Douglas used to live, and several large sheds. The discipline in this hospital was of the most commendable kind, and in every department it was in most perfect order. The surgeon in charge, Dr. Pineo, is a native of New Brunswick. I might refer to others, especially the Lincoln, which was just being opened, and which is composed of some dozen different sheds, each large enough to contain about a hundred patients. Everything, indeed, is done for the welfare of the sick and wounded.

Through the kindness of the Surgeon-General, I was allowed to pass to the army of the Potomac. This was about ten days after the battle of Fredericksburg, and while there yet remained in the vicinity a large number of the most seriously wounded, many of whom had been subjects of amputation. After a pleasant though novel journey down the Potomac to Aquia Creek, and then by railroad, I was most kindly entertained by the Director-General of General Sumner's Corps, Dr. Dougherty. Being provided with a horse, I accompanied him on a visit to see the tented hospitals under his control, which were within sight of the ground upon which the battle was fought, the Rappahannock intervening.

I will now refer to some points upon which the cases here and elsewhere seen seemed to me to have an important bearing. Although a strong advocate of conservative surgery in the broadest sense of the term, I became convinced that upon the field amputation was less frequently resorted to than it should be; that while in a few cases the operation was unnecessarily performed, in many cases it was omitted when it afforded the only chance of recovery. The Minié ball, when it strikes a bone, produces extensive comminution; while all along the track, where it has passed in the soft parts, there is a good deal of destruction of tissue. Now, if absolute rest could be secured to the patient, in many cases Nature would be adequate to effect repair; but the circumstances of war, the frequent and, in many cases, careless removals to which the wounded are subjected, preclude the possibility of recovery under the care of the most judicious surgeon. In very many cases, were primary amputation practised, the system, rid of a great source of irritation, would safely endure the subsequent disturbance. Perhaps in injuries involving the leg, and more especially the thigh, such proves more generally to be the case. I saw several such at Washington upon which the surgeon was forced to operate because of the weakened condition of the constitution, believing they would die under the operation, but upon whom it should have been performed at first. I had the opportunity of seeing a large number of stumps. The most of these were of the flap operations; some, however, were of the circular kind. Without a single exception, the latter looked well and most promising; while a large number of the flap were doing badly. It is possible that the manner of dressing which is pursued by some of the assistant-surgeons was the cause of this condition. This mode of dressing was not unlike what I saw in Paris in 1856, that of applying a quantity of charpie, then numerous bandages, followed by several folds of cloth, nicely fastened; and I saw in addition, in one case, oil-silk tightly fastened around the whole. Position of the body and limb not being attended to, the muscles would be constantly pulling upon the sutures. Not unlikely the subsequent treatment had something to do with the bad, and in some cases gangrenous, stumps. Now, with regard to the circular operation, it certainly seemed true, as Dr. Goulay said to me, that after the operation, even when the stump received no further or very little attention, a good stump was likely to result. Carefully noticing them, I could see that the muscles were regularly contracting together over the end of the bone, and that the integument was uniting in a most satisfactory manner.

Other points of interest presented themselves to me; but I have already occupied a larger space than I intended.

I am, Sir, your obedient servant,

WM. CANNIFF, M.D., M.R.C.S.E.,
Professor of Surgery at the University of Victoria College, Toronto.

January, 1863.

HEALTH ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—Doubtless your readers generally will fully coincide with your correspondents as to the importance of assurances against sickness, whilst but few will care to undertake the responsibility or labour which necessarily attends the establishment of a society that will at once afford the benefit required, together with the necessary security to the assurer.

You will, perhaps, kindly allow me to call the attention of your readers to the prospectus of the Confident Life Assurance Company, which has tables specially intended to meet the public want in this particular. The Company, in addition to the ordinary business of a Life Office, issues policies in all parts of the country guaranteeing from 5*s.* to £5 per week in case of sickness.

I am, Sir, your obedient servant,

Finsbury-place South, Feb. 1863. G. W. GIDLEY LAKE.

ON THE WIRE COMPRESS, A SUBSTITUTE FOR THE LIGATURE.

To the Editor of THE LANCET.

SIR,—In your journal of the 24th ultimo is a report of the meeting of the Royal Medical and Chirurgical Society on the 13th, from which I learn that a paper was read by Mr. Dix, Surgeon to the Hull Dispensary, "On the Wire Compress, a Substitute for the Ligature."

In describing the compress, Mr. Dix states that it is a modification of the method of arresting hæmorrhage devised by Professor Simpson, which it is believed will obviate all the disadvantages inherent to that method, and that "the idea was promulgated in a paper on acupressure, June 2, 1860," and put to proof in cases which Mr Dix details; and he affirms the superiority of the compress over the ligature, both in amputations and aneurisms. Having read the report of the paper with the carefulness of an interested party, it appears to me that Mr. Dix has led his audience to infer that he originated the compress he described and eulogized, and that his hearers understood him to have done so. If I am correct in these suppositions, Mr. Dix has done me some little injustice, though, I trust, not intentionally. In strict right, and by written pro-

mise, Mr. Dix was under obligation to state that I originated the compress, and presented it to him, with explanations how to apply it, and that he had applied it as instructed.

I devised the compress in January, 1860, in the hope that it might prove more simple of application than acupressure, and I took the liberty of submitting it to Professor Simpson about the 18th of that month. In June following I saw Mr. Dix's letter "On Acupressure," which enumerates "certain disadvantages" attending that method. I, therefore, forwarded to him the compress I had planned five months previously, believing that he would find it to obviate the disadvantages he had attributed to acupressure. The receipt of the compress was, I thought, not over-kindly acknowledged, and the plan was ridiculed. I heard no more of the matter for eighteen months, when Mr. Dix favoured me with a letter informing me that he had found the value of my suggestions, and had tested the compress in three cases of amputation; that the subject would soon probably be brought forward in the Medical Societies and periodicals, "when," he says, "I shall take care to mention your name, as it is just and due." Mr. Dix has now brought the subject before the Royal Medical and Chirurgical Society, and ably defended the compress in the discussion which arose; but he has altogether omitted to state, what was "just and due," that if the simple method of arresting hæmorrhage which he was advocating possessed any merit, it belonged entirely, and in all fairness to, Sir, your obedient servant,

WILLIAM B. HILLIARD,
Surgical Instrument Maker to the Glasgow Royal Infirmary.

Glasgow, Feb. 1863.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

THE following is a revised list of Life Assurance Offices which pay medical fees, with the respective amounts:—

Title of Office.	*Payments to Medical Practitioners.*
Albert Medical and Family Endowment	£1 1s. in all cases.
Alliance	£1 1s. paid where opinions are required.
Amicable	£1 1s., unless the amount is very small.
Argus...	10s. 6d. under £400; £400 or upwards, 21s.
Atlas...	Payment made if considered desirable.
Britannia	£1 1s. The first office to pay medical fees. (First payment in 1837.)
British Empire	£1 1s. for £500 and upwards; 10s. 6d. under £500.
British Equitable	£1 1s. for £500 and upwards; 10s. 6d. under.
British Mutual	A fee paid in all cases. £1 1s. for £300 and upwards; 10s. 6d. under.
British Nation	Medical fees are paid in all cases. £1 1s. for £250 and upwards; 10s. 6d. under.
British Prudential	Medical fees paid in all cases.
Caledonian	Where reports are applied for. Under £500, 10s. 6d.; above, £1 1s.
Church of England	£1 1s.
City of Glasgow	£1 1s.
Clergy Mutual	£1 1s.
Clerical, Medical, and General ...	A fee of £1 1s. is paid to the medical attendant of every person proposing to assure.
Colonial	£1 1s. for £500 and upwards; 10s. 6d. under.
Commercial Union...	£1 1s. for £500 and upwards; 10s. 6d. under.
Confident	£1 1s. for £400 and upwards; 10s. 6d. under.
Consolidated	£1 1s for £250 and upwards; 10s. 6d. under. The same to referees when an opinion is required by the Office.
Crown	£1 1s. for £300 and upwards; 10s. 6d. under.
Eagle...	£1 1s.
Edinburgh	Payments made to medical men if consulted.
Emperor	£1 1s. above £100; 10s. 6d. for £50 to £100 inclusive.
English and Scottish Law ...	£1 1s.
Equitable	When an opinion is asked, fee £1 1s.
Equity and Law	Pays medical practitioners for their reports.
European	10s. 6d. under £300; £1 1s. for £300 and upwards.
General	Under £300, 10s. 6d.; £300 and above, £1 1s.
General Annuity Endowment ...	The Association employs its own referees, and pays 10s. 6d. when reports are required.
General Provident Assurance ...	10s. 6d. to £250; above, £1 1s.
Globe	£1 1s. for £300 and upwards; 10s. 6d. under.
Great Britain	Fees in all cases where consultation is required, £1 1s.
Guardian	£1 1s. for £500; 10s. 6d. under.
Hand-in-Hand	£1 1s. when employed.
Imperial	£1 1s. when opinions are required, if premium exceeds £3 3s., and 10s. 6d. when under.
Indisputable of Scotland	£1 1s. for £200 and upwards.
International	£1 1s. for £200 and upwards; 10s. 6d. for £100; when an examination is required.
Lancashire	£1 1s. for £300 and upwards; 10s. 6d. under.
Law	£1 1s. whenever opinions are requested.
Law Property	£1 1s. for £200 and above; 10s. 6d. under.
Law Union	£1 1s. for £150 and upwards; 10s. 6d. under.
Leeds and Yorkshire	Medical fees paid by the Company.
Legal and General	£1 1s. for £500 and upwards; 10s. 6d. under.
Life Association of Scotland ...	£1 1s. for £300; 10s. 6d. under.
Liverpool and London	£1 1s. for £300; 10s. 6d. under.
London Assurance	£1 1s.
London Equitable...	The fees allowed for assurances introduced by medical gentlemen (including examination of the life) are, £3 3s. where the assurance is for £500; £2 2s. for £300 to £400; and £1 1s. for £100. Where the assurance is not introduced by the medical examiner, but he only fills up a report on the life, the usual fees are paid according to the sum assured.
London and Lancashire	£300 and upwards, £1 1s.; less than £300, 10s. 6d.
London and Provincial Law ...	£1 1s. on all but very small amounts.
Metropolitan	£1 1s. on all occasions.
Midland Counties	£300 and upwards, £1 1s.; under £300, 10s. 6d.
Minerva	10s. 6d. under £300; £1 1s. for £300 and above.
Mutual	£1 1s. for any information obtained.
Mutual Provident Alliance ...	Under £50, 2s. 6d.; £50 and under £100, 5s.; £100 up to £200, 10s. No assurance above £200.
National	£1 1s. for £300, and 10s. 6d. under, when reports are required.
National Mercantile	10s. 6d.; £1 1s. in special cases.
New Equitable and Briton ...	£2 2s. for £500 and upwards; £1 1s. under.
North British and Mercantile ...	£1 1s. for £500 and upwards; 10s. 6d. under.
Northern	£1 1s. for £500 and upwards; 10s. 6d. under.
Norwich Union	£1 1s. on all policies.
Pelican	£1 1s. when opinions are required, and the sum to be assured is £300 and upwards.
Provident	£1 1s. for £500 and upwards; 10s. 6d. under.
Provincial	When opinions are asked, fees are paid.
Queen	According to amount of assurance.
Reliance and East of England ...	£250 and under, 10s. 6d.; above £250, 21s.
Rock	£1 1s.
Royal	A fee paid to every medical man consulted. £1 1s. in all cases to medical examiners employed by the Company; and to the medical attendant of the proposer 21s. in most cases, but 10s. 6d. when the sum to be assured is small.
Royal Exchange Assurance Corporation	£1 1s. for £500 and upwards; 10s. 6d. under.
Royal Farmers', &c.	£1 1s. for £500 and upwards; 10s. 6d. under.
Royal Naval, Military, & General	£1. The same to referees when an opinion is required by the Office.
Scottish Amicable	£1 1s. for £300 and upwards; 10s. 6d. under. A fee paid to every medical man consulted.
Scottish Equitable	£1 1s. for £500 and upwards; 10s. 6d. under.
Scottish National	£1 1s. for £500 and upwards; 10s. 6d. under.
Scottish Provident	£1 1s. for £250 and upwards; 10s. 6d. under. Referees paid on the same scale.
Scottish Provincial	Payments made when reports are required.
Scottish Union	Medical men are invariably paid.
Scottish Widows'	Fees paid according to circumstances.
Solicitors' and General	£1 1s. for £300; 10s. 6d. under.
Sovereign	£1 1s. for £300 and upwards; 10s. 6d. under.
Standard	10s. 6d. under £500; £1 1s. above that sum.
Star	10s. 6d. under £500; £1 1s. for £500 and upwards.
Union	£1 1s. for £500 and upwards; 10s. 6d. under.
United Kingdom Temperance, &c.	5s. for £100; 10s. above, and up to £500; £1 above.
Universal	£1 1s. for £300 and upwards; 10s. 6d. under.
University	£1 1s.
Victoria	£1 1s.
Volunteer and General	£1 1s. for £300 and upwards; 10s. 6d. when under £300.
Wellington	£1 1s. for £300; 10s. 6d. under; and fees paid whenever an opinion is asked.
West of England	£1 1s. above £300; 10s. 6d. under.
Western, Manchester, and London	From 10s. 6d. to £1 1s.
Westminster and General ...	£1 1s.
Whittington	£1 1s. for £300; 10s. 6d. under.
World	10s. 6d. for £200 and under; £1 1s. above.

CIRCULATION OF THE BLOOD.—Professor Marshall, in his recent lecture at the Royal Institution on the circulation of the blood, showed an ingenious apparatus for counting the number of pulsations in various animals. They are found to increase in frequency as the size of the animal diminishes: e. g., the average pulse of a horse is 55 beats a minute; of a man, 72; of a dog, 96; of a rabbit, 220; of a squirrel, 300. Yet it is found that, whatever the size of the animal, the number of beats required to complete the circulation through the whole body averages 27, and the proportion of the weight of the blood to that of the whole body averages one-twelfth.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 19th inst.:—

Blasson, George John, Guy's Hospital.
Mulock, John Berry, London.
Robinson, John, Winterton, Lincolnshire.
Wigglesworth, Arthur, Liverpool.
Wright, Frederick, Stamford Bridge, Yorkshire.

The following gentlemen also on the same day passed their first examination:—

Burnham, Edward Ashwell, Guy's Hospital.
Puzey, Chauncy, Guy's Hospital.

TYPHUS FEVER AT PRESTON.—The number of cases of typhus fever has considerably diminished.

THE DEATHS IN THE LONDON HOSPITALS and Asylums during the year 1862 amounted to 4532.

DEATH OF DR. GUGGENBUHL.—This physician, the founder and director of the Cretin establishment in Switzerland, has just died. He is reported to have left a large fortune.

THE AVERAGE BIRTH-RATE IN LONDON for the last ten years gives 337 births in every ten thousand of the estimated population.

MEDICAL HONOURS.—The Queen has been pleased to appoint William Kirkwood, M.D., to be a member of the Executive Council of the Bahama Islands.

BILLS OF MORTALITY were first published in London in 1562, in which the plague caused eighty-five per cent. of the whole number of deaths.

SURGEON-DENTIST TO THE PRINCE OF WALES.—His Royal Highness has been pleased to appoint Edwin Saunders, Esq., to be Surgeon-Dentist.

BIRTHS IN LONDON IN 1862.—There were 97,418 births in London during the past year, of which 49,187 were boys and 48,231 were girls.

SURREY COUNTY HOSPITAL.—Tenders are invited for the erection of this building, to be delivered not later than the 31st of March.

FORMER AND PRESENT MORTALITY OF LONDON.—From 1765 to 1775 the mortality of London was estimated at about one in twenty, or 5 per cent.; in 1862 it was one in about forty, or less than 2½ per cent.

ROYAL HOSPITALS OF THE CITY OF LONDON.—The Court of Common Council have ordered the Book of Memoranda, References, and Documents relating to the Royal Hospitals of the City of London to be reprinted.

SOCIAL SCIENCE ASSOCIATION.—At a meeting of the Council of the Association, held on Thursday last, Lord Brougham was unanimously elected President for the next annual meeting, which will be held in Edinburgh in October.

RADCLIFFE INFIRMARY, OXFORD.—At a convocation held on Thursday last, the sum of £1000 was granted from the University chest towards the new buildings at the Radcliffe Infirmary.

MEMORIAL WINDOW.—A handsome memorial window has been erected in St. Anne's Church, Dublin, by the subscriptions of the friends and admirers of the late eminent surgeon, Mr. William Cusack, at the north side of the aisle. The paintings comprise several appropriate scripture subjects.

FILTH AND FEVER.—In the last return of the Registrar-General, we find a sad social picture of Northallerton. For years this village has been a hot-bed of fever, and the inhabitants appear to have a dread of cleanliness and ventilation. The mortality amongst infants is excessive.

BARRINGTON'S HOSPITAL, LIMERICK.—The late Marquis of Lansdowne, by his will, bequeathed the munificent sum of £3000, to be expended "for the benefit of the said hospital, provided that it shall be open at all times for the natives of the county of Kerry."

SMALL-POX IN SCOTLAND.—During the past year the small-pox was very prevalent at Edinburgh and Leith. In the Report of the Registrar-General, it is stated that the disease was carried from Leith to several parts of Scotland, which raises the important question whether some legislative enactment is not necessary to prevent persons labouring under epidemic disease from travelling by railways, steamboats, or other public conveyances.

CÆSAREAN SECTION.—This very important operation was resorted to by Dr. Greenhalgh on the 19th instant, at St. Bartholomew's Hospital, upon a patient close upon a seven months' pregnancy. The obstruction to labour was a tumour attached to the sacrum, which could not by any possibility permit of delivery. Dr. Greenhalgh had the able advice and assistance of his colleague Mr. Skey, Drs. Robert Barnes, Arthur Farre, and others. The child was extracted alive, but did not long exist. The patient herself lived sixteen hours.

EXTRACTION OF A BALL.—On Tuesday last, the seventeenth anniversary of the Battle of the Sobraon, a veteran applied at the North Staffordshire Infirmary to have an iron musket ball, or grape shot, extracted from below the shoulder-blade, where he received it in that memorable battle with the Sikhs. The operation was successfully performed under chloroform by Mr. William Henry Folker.

CHRIST'S HOSPITAL.—We regret to find that scarlatina is prevalent in this Hospital. Many of the boys are now in the infirmary. The governors have determined on suspending the usual admission of the public to the Lent Suppers as a means of assisting the prevention of the further spread of the disease.

M. DIDAY'S LECTURES ON SYPHILIS IN PARIS.—Railroads have brought places formerly considered very distant from each other so close that lecturers, physicians, lawyers, &c., may attend to their calling in localities far removed from their homes. M. Diday, for instance, who, as a specialist, has a large practice at Lyons, announces three lectures to be delivered at the School of the Faculty in Paris on three successive Wednesdays, the first taking place on the 4th of March. He will of course return to Lyons in the interval of each lecture. M. Diday has a mind of a searching and restless sort, eagerly grasping at novelty, and entering enthusiastically upon untrodden paths. If we are well informed, the subject of the lectures is "On the Natural History of Syphilis;" and the Professor wishes to prove that patients may suffer from a stronger or a weaker kind of syphilis, the two kinds having different symptoms and causes, and the weaker being susceptible of cure without mercury. These causes and symptoms being observed early in the case, patients who are likely to have the weak kind may be saved from a mercurial course. It is strange how specialists will shift their ground. Ricord, to reconcile the widely different symptoms presented by a given number of patients suffering from syphilis, laid all the fault on the *constitution* of the subjects affected; now we have M. Diday wishing to explain the same thing by splitting the *disease* into two kinds.

INFANTICIDE IN LIVERPOOL.—It appears from a return just published, that no fewer than 248 coroners' inquests were held in this borough during 1861 and the first half of 1862 on children under two years of age, in twelve of which cases verdicts of murder were returned, besides which were many of a suspicious nature, and a very large proportion in which death resulted from negligence at birth.

DISCOVERIES AT POMPEII.—M. Fiorelli, inspector of the excavations, has discovered the hardened ashes of the perfect mould of a man in a lying posture, the skin of which had dried up, but the skeleton remained intact. M. Fiorelli caused plaster of Paris to be poured into the form of the Pompeiian, and the castings succeeded perfectly, with the exception of two fragments of an arm and a leg, where the mould was incomplete.

LIVERPOOL NURSES' INSTITUTION.—The number of nurses in the service of this Society, at the close of 1862, was twenty-one, and two on probation. A great want exists of experienced nurses in this institution. The number of cases attended during the year was 175, exclusive of many at reduced charges and some gratuitous.

HEALTH OF PRINCE ALFRED.—Much alarm has been excited by the reported serious illness of Prince Alfred. By a telegram from Malta received at Buckingham Palace we are happy to learn that he is progressing favourably, though, owing to tempestuous weather, he was unable to be removed from the ship to the hospital on shore.

BIRTH-RATE IN SCOTLAND.—34,443 births were registered in eight towns (Glasgow, Edinburgh, Dundee, Aberdeen, Paisley, Greenock, Leith, and Perth), during the year 1862, being in the proportion of 384 births in every ten thousand of the estimated population, or one birth in every twenty-six persons. Of these 3424 births were illegitimate. To whatever cause it may be owing, certain it is that the proportion of illegitimate births seems to be increasing year by year.

ROYAL COLLEGE OF SURGEONS.—Professor Huxley, F.R.S., will deliver his sixth lecture in the theatre of the above institution this day (Saturday), and on Tuesday the introductory portion of the course will be concluded, when the lecturer will give a review of the Classification of the Mammalia. Amongst the celebrities at these lectures, we observe on every occasion Bishop Colenso, who, with the profession generally, appears to take very great interest in these philosophical discourses. Professor Huxley will lecture on the 9th instead of the 10th proximo.

TWO RECENT CASES OF OVARIOTOMY IN FRANCE.—M. Valette, of Lyons, lately performed the above-mentioned operation on a patient thirty-eight years of age. The lady had applied to M. Valette about four years ago, and, after repeated tappings, had been brought by the disease to so low a condition, that the surgeon was obliged to consent to the operation of ovariotomy, louded demanded by the patient. The latter died soon after the large cysts were removed, and M. Valette attributes the fatal issue to the shock of the operation, as there was neither peritonitis nor hæmorrhage. He determines that, in his next operation, opium and stimulants shall be more largely used. The *Gazette des Hôpitaux*, of the 14th of February, also states that the patient on whom M. Nélaton lately performed ovariotomy has died. No details had then transpired. M. Valette's case is fully reported in a late number of the *Gazette Hebdomadaire*.

AN ANTI-VACCINATION ASSOCIATION.—It is stated in the *Gazette de Médicale de Paris*, of Jan. 31st, that at Stuttgart, in Germany, an association has been formed to petition the Government against obligatory vaccination. The prospectuses issued are most violent in language, and it is said that a well-known physician is the prime mover in the affair.

THE LEVEE.—His Royal Highness the Prince of Wales held a levée on Wednesday, by command of Her Majesty, on which occasion the following members of the medical profession attended:—Sir Rutherford Alcock, K.C.B., F.R.C.S., Her Majesty's Envoy-Extraordinary and Minister-Plenipotentiary in Japan; Sir Henry Holland, Physician in Ordinary to the Queen; Mr. William Lawrence, Serjeant Surgeon to the Queen; Mr. William Fergusson, Surgeon-Extraordinary to the Queen. Doctors—Lavies, Pickford, Dalton, Arthur Farre, Cape, Jeaffreson, J. Stevenson Bushnan, T. de Meschier, E. A. Parkes, G. T. D. Evans, F. G. Read, Brealin, E. Meryon, Robert Ferguson, Farr, Watson, Granville, Ramsbotham, Alexander Bryson, Goolden, Smith, Waller Lewis, Forbes Winslow, Gideon Dolmage, T. G. Balfour, Alexander Marsden, McCann, Ashley, Kirkman, Fraser, Routh; Deputy Inspector-General Thomas Longmore, Professor Owen. And Messrs. Wakley, Reeves Traer, White Cooper, R. W. Tamplin, Dendy, W. Sands Cox, Fropert, Thomas Fitzgerald, B. E. Brodhurst, S. S. Scriven, G. B. Childs, Judd, Erasmus Wilson, and R. McCormick, R.N.

ST. BARTHOLOMEW'S HOSPITAL.—A large meeting of the governors of this excellent charity was held on Wednesday in the hall of the hospital, to elect a President in the vacancy occasioned by the resignation of Mr. Cubitt, who, it may be remembered, held office, but resigned it when he dissolved his connexion with the City, at the same time intimating that his resignation was owing to the objections started by others rather than the free exercise of his own will. The Lord Mayor was put in nomination, and Mr. Cubitt was then proposed for re-election, and, on the votes being taken, was declared to be elected by a majority of 87 votes over 44.

UNIVERSITY COLLEGE, LONDON.—The Council at their session on Saturday last filled up the vacant offices of Physician and Professor of Clinical Medicine at the Hospital by the appointment of Dr. Hare; and they appointed Mr. Sidney Ringer to the vacant Professorship of Materia Medica. By the recommendation of the Senate of the College, the Council invited Dr. Walshe, lately Professor of the Principles and Practice of Medicine, to assume the title of "Emeritus Professor."

A SERIOUS ACCIDENT which it is feared will prove fatal, occurred a few days since to Dr. John Cook, whilst riding on horseback, between Llantrissant and Pont-y-pridd. No one witnessed the accident, but from appearances it is supposed that, though a good horseman, he must by some means have become unseated, one foot remaining in the stirrup, and was dragged for some distance. He was senseless when discovered, and has remained so ever since. It is feared that the base of the skull is fractured.

UNIVERSITY OF DUBLIN.—On the occasion of the installation of the Right Hon. the Earl of Ross, as Chancellor of the University of Dublin, the honorary degree of Doctor of Medicine was conferred on the President of the Dublin College of Surgeons; on Professor Jacob, and Mr. Richard G. H. Butcher, Surgeon to Mercer's Hospital.

TUNBRIDGE WELLS INFIRMARY AND DISPENSARY.—An elegantly chased silver salver has been presented to Mr. Robert Hicks, M.R.C.S. Eng., the late House-Surgeon, by fifty of the out-patients. It bears the following inscription:—"Presented to Robert Hicks, Esq., by the out-patients of the Tunbridge Wells Infirmary, as a token of their appreciation of his uniform kindness and attention, February, 1863."

THE DEATHS IN LONDON IN 1862 from all causes were 66,950, of which 34,133 were males, and 32,817 females. The greatest number occurred in the forty-eighth week, ending 29th of November, when they rose to 1745. In that week the mean temperature of the air fell to 37·1°. The least number occurred in the twenty-eighth week, and was 1065, when the mean temperature rose to 58·2°.

EAST INDIAN MEDICAL SERVICE.—The late meeting of East Indians, of Madras, to protest against the exclusion of their class from Her Majesty's Medical Service, resulted in the formation of an association, with which European colonists and native Christians, as well as members of other semi-political associations, and public-spirited individuals who manifest an interest in the well-being of the country, were invited to join.

A NEW OFFERING TO LANCASHIRE.—"Something New," which will be out shortly, will be a new candidate for public favour. It will be a story-book, contributed to by Mr. William Dalton, whose tales of adventure are always welcome, Mr. Thomas Cannon, Mr. T. Burton Wollaston, Miss A. Robertson, Miss Edith Drewry, Mrs. F. Von Wenck, and Captain Eustace W. Jacob, late 99th Regiment. Miss Emily Faithfull is the publisher. The entire profits will be given to the "Lancashire Relief Fund." The Right Hon. Lord Eversley; Sir James Buller East, Bart., M.P.; Sir Henry Mildmay, Bart.; A. Crawford, M.D.; Henry Sainsbury, M.D.; H. Mayo, M.D.; E. Buckell, Esq., M.R.C.S., are among the subscribers.

PUS IN THE BLOOD; NO METASTATIC ABSCESSES.—Professor Langier has communicated to the *Gazette des Hôpitaux* the case of a man, aged thirty-seven, who begged for amputation of the thigh on account of excruciating pain connected with white swelling of the knee. The patient died a week after the operation, having had several fits of shivering. M. Langier concluded, from the rapidity of the phenomena, that no metastatic abscesses would be found, but suspected that pus-globules might be discovered in the blood. M. Chatin examined three drachms of blood taken from the right side of the heart, and found pus-globules by the microscope in one of the three drachms. Ammonia gave a gelatinous precipitate in the second portion; and ammonia was evolved by the last drachm when left to decompose. From the first two results, M. Langier concludes that the blood contained pus.

FAREWELL TO DR. SMITH OF LAHORE.—A large meeting of the residents of Lahore was held on New Year's day, to bid farewell to Dr. Smith, Civil Surgeon, on his departure for England. Mr. Cust, in the course of his address, used the following remarkable and warm-hearted language:—"Your name is a 'household word,' in Anarkulle; you know every man, woman, and child among us; you have not a single enemy, and you are loved by all. We regret your departure, and pray for your speedy and prosperous return. As a public officer you have never failed in your duty, whether in fair weather or foul; you have never been absent from your post, and never been found wanting; you have been intrepid in the season of pestilence, and full of resources in the hour of difficulty."

THE CORONERSHIP FOR RUTLAND.—Mr. William Henry Hough, solicitor, has resigned his office as one of the coroners for the county of Rutland, and Messrs. William and John Thomas Keal, surgeons, and brothers, are candidates for the same. The contest is expected to be very animated.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, FEB. 21ST.—The mortality of London was higher last week than it had been since the third week of January. The deaths were 1377. Small-pox was fatal in 25 cases. Measles appears to be much less prevalent now than it was in

December; the deaths from it last week were 31. Sixty deaths were referred to scarlatina, and 13 to diphtheria. Of 1362 deaths, of which the causes were specified in the returns, 331 were from "zymotic diseases," against a corrected average of 257; 255 from "constitutional diseases," against 274; 576 "local diseases," against 652; 136 from "developmental diseases," against 175; and 64 from "violence," against a corrected average of 45. Hence it appears that there is an increase under zymotic diseases and violent deaths; a decrease under the three other heads. Phthisis numbered 162 deaths in the week; bronchitis 152; pneumonia, 72.

The births were—boys, 1012; girls, 896; total, 1908.

MEDICAL APPOINTMENTS.

A. BALL, M.R.C.S.E., has been elected Honorary Secretary and Treasurer to the York Medico-Ethical Association, vice Oswald A. Moore, M.R.C.S.E., deceased.

R. BIGGS, M.R.C.S.E., has been appointed, with the sanction of the Lord Chancellor, to act as Deputy Coroner for North Somersetshire, in the stead of Mr. Bennett, who is in delicate health.

HARRIS BUTTERFIELD, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Hill District of the Crickhowell Union, Brecknockshire, vice Wm. F. Tuckett, L.R.C.P.Ed., whose term of office has expired.

W. J. CALLOW, M.D., has been elected a Member of the Liverpool Literary and Philosophical Society.

W. F. CLARKE, M.A., M.R.C.S.E., has been appointed Surgical Registrar to King's College Hospital.

T. J. CREAN, L.R.C.S.I., has been elected Medical Officer and Public Vaccinator for the Marlfield Dispensary District of the Clonmel Union, Counties Tipperary and Waterford, vice Fitzgibbon, appointed to the Clonmel District.

J. M. DUNCAN, M.D., of Edinburgh, has been elected a Fellow of the Royal Society of Edinburgh.

R. DYCE, M.D., has been appointed Consulting Physician for life to the Royal Infirmary, Aberdeen, on resigning as Physician.

P. FITZGIBBON, L.K.Q.C.P.I., has been elected Medical Officer and Public Vaccinator for the Clonmel Dispensary District of the Clonmel Union, Co. Tipperary, vice J. W. Dowsley, M.D., deceased.

C. J. HARE, M.D., has been appointed Professor of Clinical Medicine at University College Hospital.

G. J. HEARDER, M.D., has been appointed Assistant Medical Officer to the County Lunatic Asylum, Worcester, vice W. J. Hunt, L.R.C.P.Ed., appointed Medical Superintendent and Manager of the Hoxton House Lunatic Asylum.

Mr. HOWSON has been elected Dispenser to the Stockton-upon-Tees Dispensary, vice Temple, resigned.

J. S. KILGOUR, M.D., has been elected Physician to the Cheltenham General Hospital and Dispensary, vice W. Gibney, M.D., resigned.

J. KNILL, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Nettlebed District of the Henley Union, Oxfordshire, vice T. F. Edgeworth, M.R.C.S.E., resigned.

C. F. DU PASQUIER, F.R.C.S.E., has been appointed Surgeon-Apothecary to the Household of H.R.H. the Prince of Wales.

S. RINGER, M.R.C.S.E., has been appointed Professor of Materia Medica at University College Hospital.

J. THOMSON, L.F.P.S. Glas., has been appointed Certifying Surgeon under the Factory Act for the District of Kilmarnock, vice J. Mitchell, L.F.P.S. Glas., deceased.

J. G. WILSON, M.D., of Glasgow, has been elected a Fellow of the Royal Society of Edinburgh.

L. WINTERBOTHAM, M.R.C.S.E., has been appointed Surgeon to the Cheltenham Female Orphan Asylum, vice C. J. Hawkins, F.R.C.S.E., resigned.

[To the announcement published in THE LANCET of last week of the appointment of Dr. Hunt as Medical Superintendent and Manager of the Hoxton House Lunatic Asylum, "vice H. Jacobs, M.R.C.S.E., resigned," should have been added.]

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

G. F. BROWNE, Assist.-Surg. Indian Service, has been posted to the 26th Native Infantry.

J. BROWNE, F.R.C.S., Assist.-Surg. Indian Service, attached to D Battery, 6th Royal Horse Brigade, has been appointed First Assist.-Surg. in the General Hospital at Allahabad, vice Assist.-Surg. J. F. N. Wise, M.D., appointed to another situation.

A. CHESTER, M.R.C.S.E., Staff Assist.-Surg., has been appointed Assist.-Surg. Royal Artillery, vice J. F. Longhead, who retires.

B. COSTELLO, M.D., Surg.-Major Indian Service, has been appointed to act as Presidency Surgeon, 1st District, Bombay, vice Wright.

H. CRISP, M.B., Surg. 63rd Foot, has been appointed Staff Surgeon, vice T. Knox Birule, L.R.C.S.Ed., appointed to the 12th Foot.

A. CROSBIE, Assist.-Surg. R.N. July 30th, 1859, has been appointed to the "Terror."

P. DAVIDSON, M.D., Staff Assist.-Surg., has been appointed Assist.-Surg. 5th Regt. of Foot, vice C. H. Leet, who exchanges.

W. G. DAVIDSON, Deputy Inspector-General of Hospitals, retired on full-pay from H.M.'s Indian Service, to have the honorary rank of Inspector-General of Hospitals.

Staff Surg.-Major DEMPSTER, Indian Service, in medical charge of the 23rd Fusiliers, has been appointed to take charge of the Lower Orphan School Hospital, Calcutta, vice Surgeon Wodsworth, reported sick and unfit for duty.

T. FARQUHAR, Surg. Bengal Service, has been appointed to officiate as Civil Surg. of Lahore, and Professor of Medicine at the Medical College, during the absence of Surgeon C. M. Smith, proceeding to Europe on sick leave.

A. FITZGERALD, Assist.-Surg. Bengal Service, has been appointed Civil Assist.-Surg. of Moradabad, vice Hadow.

J. G. FRENCH, M.D., of the Bengal Service, has been appointed to officiate as Civil Assist.-Surg. of Mymensing.

T. E. HALE, Assist.-Surg. Bengal Service, has been appointed to the medical charge of the Civil Station of Ferozepore.

J. A. HANBURY, M.B., Staff Assist.-Surg., has been appointed Surgeon to the 63rd Foot, vice H. Crisp, M.B., appointed to the Staff.

P. W. HOCKIN, Deputy Inspector-General of Hospitals, with temporary rank, Indian Service, has been promoted to Deputy Inspector of Hospitals, vice Grierson, deceased.

F. KELLY, M.R.C.S.E., has been appointed Surgeon to the 2nd London Rifle Volunteers.

C. H. LEET, Assist.-Surg. 5th Foot, has been appointed Staff Assist.-Surgeon, vice P. Davidson, M.D., who exchanges.

E. MAHAFFY, Surg.-Major Indian Service, has been appointed to temporary medical charge of the 103rd Regt.

T. MILLER, Assist.-Surg. Bombay Army, has been placed on general duty, Northern Division.

R. MOIR, M.D., Assist.-Surg. Bengal Service, has been appointed Superintendent of the Central Prison at Benares, and invested with the powers of a Magistrate, to be exercised within the precincts of the Jail.

J. MUNRO, M.D., has been placed on the Retired List of Deputy Inspectors-General of Hospitals and Fleets.

Dr. R. PANBURY, Bengal Service, has been appointed to officiate as Civil Assist.-Surg. of Behar.

Assist.-Surg. SEXTON, Indian Service, has been appointed to the medical charge of the Wing of the 5th Native Light Infantry stationed at Shanghai.

W. STEWART, Staff Surgeon Indian Service, has been appointed to relieve Surg.-Major Dempster of the medical charge of the 23rd Royal Welsh Fusiliers.

W. W. WELD, M.R.C.S.E., having completed twenty years' full-pay service, has been promoted to Surgeon-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

A. WRIGHT, Surgeon-Major Indian Service, has been appointed Deputy Inspector-General of Hospitals, with temporary rank, during the absence of Deputy Inspector-General B. White, on leave, or until further orders.

Births, Marriages, and Deaths.

BIRTHS.

On the 28th of Dec., at Sealkote, the wife of R. Mantell, M.B. of the Royal Artillery, of a son.

On the 3rd ult., at Mecan Meer, the wife of H. Kendall, M.D., Surgeon 7th Hussars, of a son.

On the 12th ult., at Calcutta, the wife of Dr. G. R. Ferris, of a daughter.

On the 9th inst., at Baltasound, Shetland, the wife of H. L. Saxby, M.D., of a daughter.

On the 16th inst., at Wexford, the wife of J. D. Vickery, M.D., of a son.

On the 18th inst., at the County Lunatic Asylum, Morpeth, Northumberland, the wife of R. Wilson, M.R.C.S.E., the Medical Superintendent, of a son.

On the 18th inst., at Woodend Cottage, Kilmarnock, Ayrshire, the wife of J. Macintchy, M.D., of a daughter.

On the 19th inst., at St. Peter's-hill, Doctors' Commons, the wife of W. Clapton, F.R.C.S.E., of a son.

On the 19th inst., at Sherborne, the wife of J. Borrett, M.D., of a son.

On the 19th inst., at Grantham, the wife of J. W. Jeans, M.R.C.S.E., of a daughter.

On the 22nd inst., at Acre-terrace, Liverpool, the wife of A. F. Graham, M.D., of a son, still-born.

On the 23rd inst., at Tolleshunt D'Arcy, Essex, the wife of T. H. Walker, M.D., of a daughter.

On the 24th inst., at Maidenhead, the wife of S. Plumbe, M.D., of a son.

MARRIAGES.

On the 14th inst., at Moreton-in-Marsh, Walter Crisp, M.R.C.S.E., Staff Assist.-Surg. Army, to Ellen, fourth daughter of G. Moore, Surgeon, of Gloucestershire.

On the 16th inst., at Sheffield, Elijah Barker, Surgeon, to Mary Ann, daughter of T. Cheesman, F.R.C.S.E., of Sheffield.

On the 17th inst., at Anderston, J. Hislop, L.F.P.S. Glas., to Mary Muirhead, youngest daughter of R. Hislop, Esq.

On the 18th inst., at Edinburgh, J. Anderson, M.D., of Wakefield, Yorkshire, to Helen, youngest daughter of the Rev. A. Somerville, D.D.

DEATHS.

On the 24th of Dec., at Cape-town, C. T. Schmitz, M.D., Assist.-Surg. at Fort Lahore, aged 25.

On the 15th ult., W. Collyns, M.R.C.S.E., of Chudleigh, near Newton, Devon.

On the 31st ult., at New York, Dr. W. Groves, formerly of York, aged 63.

On the 11th inst., at Torquay, W. H. Jones, M.D., Staff Assist.-Surg. Army, aged 24.

On the 16th inst., at Marlborough-buildings, Bath, A. Montgomery, late Inspector of Hospitals Bombay Army, aged 69.

On the 19th inst., at Clare-street, Lincoln's-inn-fields, S. Lovett, M.R.C.S.E., aged 58.

On the 19th inst., at Rochester, G. White Martin, L.R.C.P.Ed., eldest surviving son of Adam Martin, M.D., aged 28.

On the 20th inst., at Sandford, near Dublin, Dr. W. H. Woods, Surgeon R.N., aged 36.

On the 21st inst., at Ilchester, R. Woods, Surgeon.

On the 23rd inst, at Heanor, Derbyshire, C. Grant, L.R.C.P.Ed., aged 35.

BOOKS ETC. RECEIVED.

Mr. Hunt on Stammering and Stuttering.
De la Glycérine. Par M. Demarquay.
Mr. Martin on Special Hospitals.
Dr. Carter on Varix Lymphaticus.
Dr. Thudichum on Gall-Stones.
Report of the Manchester Medico-Ethical Association.
Report of the Bourton-on-the Water and Cotswold Village Hospital.

Medical Diary of the Week.

MONDAY, MARCH 2.....

- LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- ROYAL INSTITUTION. — 2 P.M. General Monthly Meeting.
- MEDICAL SOCIETY OF LONDON. — 7 P.M. General Meeting for Election of Officers and Council.—8½ P.M. Dr. Routh, "On some Points in the Treatment of Prolapsus Uteri."
- EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Dr. Smart, R.N., "On the Successive Epidemics of Malignant Fever in Bermuda."

TUESDAY, MARCH 3 ...

- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Prof. Marshall, "On Animal Mechanics."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley: "A Review of the Classification of the Mammalia."
- ETHNOLOGICAL SOCIETY.—8 P.M. Mr. L. J. Beale, "On the Brain and the Skull in some of the Families of Man."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, MARCH 4

- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. Risdon Bennett, "On some Points connected with Bronchitis, and its Results."
- OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Dr. Shortt, "On Woman's Life in Southern India."—Dr. Clay: "Observations on Ovariotomy, Statistical and Practical;" also, "A Successful Case of entire Removal of the Uterus and Appendages." — Dr. Broadbent, "On Displacement of the Bladder as a Cause of Tedious Labour."

THURSDAY, MARCH 5

- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Dr. E. Frankland, "On Chemical Affinity."
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC. — 4 P.M. Dr. Brown-Séquard, "On the Diagnosis and Treatment of the Various Forms of Paralysis and Epilepsy."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton."
- CHEMICAL SOCIETY.—8 P.M. Mr. J. B. Lowes, "On the Assimilation of Nitrogen by Plants."
- HARVEIAN SOCIETY.—8 P.M. Clinical Discussion.

FRIDAY, MARCH 6 .....

- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. Risdon Bennett, "On some Points connected with Bronchitis, and its Results."
- ROYAL INSTITUTION. — 8 P.M. Dr. W. A. Miller, "On the most Recent Spectrum Discoveries."

SATURDAY, MARCH 7

- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Prof. MAX MÜLLER, "On the Science of Language."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Structure and Development of the Vertebrate Skeleton."
- MEDICAL SOCIETY OF LONDON.—5 P.M. Anniversary Meeting. Oration by Dr. Habershon.—6½ P.M. Dinner.

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To Correspondents.

SPECIAL HOSPITALS.

WE have refrained from any comments upon the communications received and published on this subject, vainly hoping that Mr. Rivington, the gentleman who has undertaken the defence of Dr. Mackenzie, might be induced to write in fitting language, and within reasonable limits. The second amended epistle which that gentleman has just forwarded is outrageous in style and of unendurable prolixity. Next week we shall notice the subject again. Meanwhile we may observe that it has been represented to us as a sign of grace that one of the gentlemen mentioned retired some short time since from the special institution which he founded.

A. B.—The Museum may be seen on obtaining an order from a member.

An Old Subscriber to THE LANCET, (Edinburgh.)—1. It varies according to the size of the ship and the number of passengers.—2. The Australian.—3. Refer to our advertising columns for an answer. — 4. Application should be made to the Emigration Commissioners, or to the Secretaries of the Companies.

ARSENIC IN ALBUMINURIA.

To the Editor of THE LANCET.

SIR,—About a year ago I had under my care a miner, aged about forty, of robust form, but of dissipated habits, and who had latterly led a hard life. His complexion was pale and doughy; voice husky; spirits depressed; urine small in quantity in the earlier part of the case, but becoming a little more plentiful under the use of diuretics. At length anasarca began to show itself in the feet, and subsequently there was distinct ascites. These symptoms were frequently relieved by the use of the compound jalap powder, but only for a short time. Our miners seldom suffer from albuminuria; but my suspicions becoming aroused, I examined the urine, and found it charged with a great amount of albumen. I have before now been shown albumen that I could not see, simply because, like the Spanish fleet, "'twas not in sight." But in the instance of my miner there could be no mistake. I immediately commenced the use of the sesquichloride of iron, and gave a good diet of beef and beer. After a fortnight's trial, finding no benefit from this line of treatment, I had intended a trial of the bichloride of mercury, but subsequently gave him Fowler's solution of arsenic, with the most marked and decided advantage. He began to improve in less than a week, his spirits began to return, his appetite to improve, and the albumen to disappear from the urine. After having satisfied myself and others of the change, I very soon discontinued the arsenic, with the effect of restoring the albumen to the urine. Being now convinced that the solution was indispensable, I again gave it, and continued it for about three weeks. The albumen again disappeared, the whole of the dropsical symptoms were entirely relieved, and the man went back to his labour, where he continues to work hard, and to lead his old kind of life, half miner, half navvy.

I have not had an opportunity of repeating this treatment; but should not hesitate to try it again in any case where the disease had not made too great a progress in undermining the powers of the heart and brain.

I am, Sir, your obedient servant,

Helston, Cornwall, Feb. 1863. J. WHARRY, M.R.C.S.

A House-Surgeon will find upon inquiry that fever has recently been treated in America by the inhalation of nitrous oxide gas.

A Traveller.—The cold ferruginous springs of the Grisons, which contain a considerable quantity of carbonic acid, were recommended even by Paracelsus in the sixteenth century.

Secretary.—M. Larrey is the President, and M. Grisolle the Vice-President of the French Academy of Medicine. The Secretary is M. Beclard.

Dr. J. Gason, (Rome.)—The papers shall appear as soon as possible.

F.R.S.—Lyell's "Antiquity of Man" is now published. This, with Wilson's "Prehistoric Man," will afford our correspondent the information he requires.

TREATMENT OF BURNS.

To the Editor of THE LANCET.

SIR,—A few days since "A Retired F.R.C.S." wrote to *The Times*, strongly recommending in the treatment of burns a paste composed of common whiting, olive oil, and vinegar. This afternoon I was called to see a child which had been scorched about the arms and neck. On my arrival I found a kind neighbour of the child's parents applying, as he thought, the mixture described, but he had omitted the vinegar. The child seemed in terrible agony, and could scarcely be held. I immediately added vinegar to the two other articles, removed the rags which had previously been smeared over, and covered the parts with the slightly effervescing mixture, and in half a minute after the little sufferer ceased to scream and struggle. As the child had been stripped of its burnt clothes, I ordered it to be removed to bed; but in moving it nearly all the rags were displaced, and the severe pain returned. The mixture was again applied, covered with wadding, and bound on, and the poor child immediately became perfectly quiet.

I think there is no doubt that the escaping carbonic acid, set free by the vinegar, is the agent producing the sedative effect. Of course the exclusion of the air is an adjuvant; but the injured parts had been well covered over previous to my adding the vinegar to the mixture used before my arrival, yet the child was writhing in agony.

The following is the mode of preparation recommended:—"Take chalk, and linseed or common olive oil, and mix them in such proportions as will produce a compound as thick as thin honey; then add vinegar so as to reduce it to the thickness of treacle; apply with a soft brush or feather, and renew the application from time to time."

Neither feather nor brush being at hand, I spread the paste over pieces of rag, and this plan appears to be the best. These may be changed from time to time if the pain return, exposing the parts, of course, to the air as little as possible. It will be observed that the articles used are to be found in nearly every household. If oil were not at hand, I would employ water. Indeed whiting rubbed up with water was strongly recommended as an application for burns in a late number of *The Times* by a F.C.S. I doubt not, however, but the addition of a little vinegar would be a great improvement.

I remain, Sir, yours, &c.,

Warrington, Feb. 16th, 1863. M.D.

L. L.—There is a great difference of opinion amongst practical men upon the point mooted by our correspondent, and we would therefore express ourselves with some diffidence. Our own view is, however, that primary syphilis, judiciously treated by mercury, is less liable to be followed by early and severe secondary symptoms than when treated otherwise. Of course we express only the general rule.

Rusticus.—Laburnum-seeds are poisonous. They are narcotico-irritant.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Lest the enclosed letter and post-mortem description of the Indian Medical Service, taken from the *Calcutta Englishman* of the 31st December last, may not have been sent to you, I now forward the same, and earnestly beg that you, the ever staunch friend of the profession, will do us the favour to publish these documents, and in connexion therewith to represent in such manner as you may deem necessary the unjust and unmerited treatment to which our inanimate body is being subjected by the Secretary of State for India. A few words from your able and ready pen in the columns of THE LANCET, and communicated to certain friendly members of the House of Commons whilst Parliament is sitting, could hardly fail to produce some effect on the remorseless conscience of the high functionary above noted, and might thus obtain from him for the truly defunct and helpless Service something like decent interment—that is, extra pensions to seniors in amends for disappointed expectations and entire repudiation by the Home Government of their rights and privileges. Should your compliance with my request not have the desired effect, your insertion of this communication and its enclosures will at least prove an additional warning to those studying for the medical profession, by informing them of the very small consideration they will meet with should they enter the Army Medical Department under existing regulations.

As exemplifying our very helpless condition, I may state, in my own case, that I have served the Government of India faithfully, and to the best of my ability, nearly twenty-five years, and during the first seven eventful years held uninterrupted medical charge of European troops in the trying climate of Central India; and now, though ripe in experience of tropical disease, I at last find that when the better paid and otherwise desirable appointment of Deputy Inspector-General of Hospitals has been approached by many others as well as myself, we shall, by the arrangements now believed to be in progress, have no chance of obtaining that position which long and deserving service in this land justly entitled us to expect.

It will be obvious that no sane person would have entered the Indian Medical Service had he been told that in the event of a change of Government to that of her Majesty, all his previous services as a claim to the higher and more lucrative appointments would be ignored and set aside. Such, however, is now actually about to happen by the introduction of officers of the British Medical Department as Deputy Inspectors-General of Hospitals in India. Since a change of Government has taken place, I do not say that these officers should not have a minor share of the appointments under reference; but as any such arrangement has not been provided for, and is clearly and distinctly an invasion of the individual rights of the officers of the Indian Medical Service, as well as a positive breach of their covenant, I submit that, in law and equity, adequate compensation in the shape of extra pensions is strictly due to all who prefer retiring to serving under juniors of another Service.

I am, Sir, your obedient and disappointed servant,

SURGEON-MAJOR, AND OF NEARLY QUARTER CENTURY IN THE INDIAN MEDICAL SERVICE.

Dah Bungalow, January, 1863.

"SIR CHARLES WOOD AND THE MEDICAL SERVICE.

"To the Editor of the Englishman.

"SIR,—Your correspondent, 'Lancet,' is of opinion that Sir Charles Wood's ill-treatment of the Indian Medical Service should be made known (as it probably will be) in the Schools of Medicine and Surgery in Great Britain. You think that such a proceeding would be useless, as recruits are no longer required for the Indian Medical Service, which you say truly is shut up and sentenced to die out.

"But this is not a question which concerns the Indian Medical Service alone; through it a blow has been struck at every other branch of the Service, and every servant of Government should be interested in the result. If one of the most deserving Services in the empire is treated with injustice and contempt while it is in the height of usefulness and indispensable to the State, who shall say where the next blow may fall?

When a Secretary of State has power to set aside a Royal Warrant and to nullify an Act of Parliament, and does so in the most unscrupulous manner, what servant of Government can feel safe? The medical students of Great Britain will do well to pause, as probably they will, before entering the Service of a Government which has shown itself capable of the most entire faithlessness. An appeal to them, and to the profession in general at home, is now the only hope of the Indian Medical Service.—I am yours truly,

"30th December, 1862." "SCALPEL.

"DIED,
By the visitation of Sir Charles Wood,
The Indian Medical Service,
After a long and lingering illness
Borne with asinine patience and resignation.
Inured to suffering
By many years of ill-treatment,
Spent with watching,
Worn out with neglect,
Its spirit passed without a groan.
Its lifeless corpse remains a warning to the unwary,
And the story of its wrongs,
Told to the Rising Generation of Medical Students,
Will teach them to avoid the Service of a Government
Which can repay
Time-honoured labour with Ingratitude,
Loyalty with Broken Faith,
Devotion with Contempt,
and
Patience with Mockery."

A Medical Student, (Aberdeen.)—We believe the proper name to be Gasser, and not Casser. We cannot find any reference to his work in any of the ordinary text-books.

Mr. B. Carter's (Stroud) article shall appear next week.

Medicus.—Only in exceptional cases. A Surgical qualification is required.

THE BEDFORD CONSULTATION.

Mr. Coombs in his letter has not answered the question put to him pointedly by Mr. Sharpin, whether he practises homœopathy. Reference to extraneous matters cannot cover the evasion of this, the only important question.

A. R. may safely practise with the qualification he possesses. Under the present state of the law it is not likely he will be interfered with.

A Victim.—The fellow is an impostor, practising under an assumed name. Consult a respectable solicitor.

A Subscriber.—1. Yes, he will have to pass the preliminary examination.—2. Euclid, Books I. and II.—3. In June.

Mr. W. H. Attree is entitled to reasonable remuneration for services rendered in his medical capacity on board the ship in which he returned to England.

Z. Z.—Mr. Tomes's work on the Teeth.

Dr. Coates.—The communication shall appear in our next impression.

Chirurgus, (Manchester.)—Treat the threat with contempt. The parties dare not go into court.

WEIGHT OF PATIENTS.

To the Editor of THE LANCET.

SIR,—You are well aware that it is a matter of great importance and interest to medical men to have the means of ascertaining the *exact* weight of the body of their patients during the progress of some diseases; but unfortunately there are none but the most clumsy and inaccurate facilities of doing so. Therefore I beg leave, through the widely extended and powerful influence of your valuable journal, to suggest to the proprietors of all public baths to have a proper *portable* apparatus or balance to note the exact weight of any patient who brings an order from a medical man for that purpose. A certificate of the weight might be given, for which a small charge should be made. It should be taken just before the patient goes into the bath *in statu naturali*, and should be expressed in avoirdupois standard of pounds, ounces, and drachms, not in stones, which vary in different counties. It would be a good addition to take the measure of stature at the same time, but this is not very essential.

I am sure the whole profession would hail with pleasure and gratitude the adoption of this means, which is a great desideratum, especially in some diseases, such as phthisis, diabetes, general or local dropsy, diseases of the heart, dyspepsia, convalescence from any disease, &c. &c. I feel assured a small fee would very soon repay the cost or outlay.

I am, Sir, your obedient servant,

Manchester, February, 1863. E. S., M.D., F.R.C.S.

C. H. G.—He can practise generally, and charge for medical and surgical advice. It is doubtful whether he has the legal right to practise as an apothecary.

A Governor.—We do not approve the proceeding.

Iatros.—There is no doubt that by memorializing the Examining Board, he will be admitted to examination under the old regulations.

GLUTEN PREPARATIONS.

THE name of Van Abbott has become thoroughly identified in this country with Bouchardat's gluten. The gluten bread has on former occasions been noticed in these columns. But there are other preparations which are deserving of notice, as the sweetened and unsweetened chocolate, pure gluten powder, gluten semola, and gluten food for infants and invalids, all of which are useful and valuable preparations, neither sufficiently recognised nor employed. Gluten, as is well known, is the great nutritive principle or constituent of wheat-flour, differing from the albuminous compounds of animal origin in being more easily digested. It is, however, in general a too concentrated form of nourishment to be taken alone, and therefore its addition to other articles of food deficient in nitrogen is especially indicated, particularly to starchy and fatty food, to broths and soups; and it is in this adaptation of gluten that the merit of some of the preparations of M. Durand consists. Wherever the body is ill-nourished, whether this depend upon defective assimilation, or more particularly on exhaustive diseases, the free use of gluten will frequently prove of great service.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Radcliffe; Dr. Hughes Bennett; Dr. Headlam Greenhow; Mr. Hilton; Mr. Rudyard, Bexhill; Dr. Stainthorpe, Hexham, (with enclosure;) Mr. Woods, Dublin; Mr. Hedges, Sudbury, (with enclosure;) Mr. Peel, Stockton; Mr. Cornish, Taunton; Mr. Hale, Staveley; Mr. Wearne, Helston; Mr. W. May, Beynsworthy, (with enclosure;) Mr. Doig, Leith; Mr. Earle, Birmingham; Mr. Marsden, Edinburgh; Mr. Starke, Reading; Mr. E. W. Jacob, Birkenhead; Mr. Gallenga, Turin; Mr. T. H. Smith; Mr. Tait, Edinburgh; Mr. Carter, Stroud; Mr. Stedman, Upavon; Mr. J. C. Smith, Dublin, (with enclosure;) Mr. Dorker; Mr. Radcliffe, Salisbury, (with enclosure;) Dr. Althaus; Mr. T. Jones, Long Stratton, (with enclosure;) Dr. Coates, Bath; Dr. Walker, Peterborough; Mr. White, Dublin, (with enclosure;) Mr. Webb, Mayfield, (with enclosure;) Mr. J. Tibbits, Warwick, (with enclosure;) Mr. Stevens, Biggleswade, (with enclosure;) Mr. R. Turner, Aberdeen; Mr. S. Staniland, St. George's, (with enclosure;) Dr. Carter, Bombay; Dr. Betts; Mr. Wright, Halifax; Dr. Blanshard, Selby; Mr. J. Taylor, Liverpool; Dr. Gasen, Rome; Dr. Clindenning; Mr. Lake; Mr. Rivington, Tower Hamlets Dispensary; M. Demarquay; Mr. Coombs, Bedford; Mr. J. D. Jones; Dr. Murray, Edinburgh; Dr. Bolton, Leicester; Messrs. Lacy and Co., Newark, (with enclosure;) Mr. Coleman, Pulseck; Dr. Walker, Tolleshunt; Mr. W. J. Watson; Mr. Meyget, Hesterton; Rev. W. Earle, Chigwell; Dr. Bell, (with enclosure;) Dr. O'Toole, Colsterworth, (with enclosure;) E. W., (with enclosure;) Z., (with enclosure;) Ethnological Society; An Old Subscriber; Medicus; H. M. B. M.; A Subscriber; W. B.; Theta, (with enclosure;) Scalpel, (with enclosure;) Undergrad. Univ. Lon.; Harveian Society; Surgeon-Major, Dah Bungalow, India; L. Z.; Epidemiological Society; M.D. Retrospicious; South Staffordshire Hospital, (with enclosure;) G. B. S., (with enclosure;) Iatros; A Constant Reader; A Surgeon; &c. &c.